

S. No. 2  
M-8-43  
v. 5-17-39  
I X37823

11649

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED** MAR 30 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

2675

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 yrs. 4 mos. 7 ds.  
In this community 71 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County How  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5400 Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES J. SHAUGNESSY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: December 15, 1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Nil

11. Industry or business \_\_\_\_\_

12. Name: Patrick Shaughnessy  
13. Birthplace: Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name: Catherine Roach  
15. Birthplace: Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant: T. Sougler  
(b) Address: 5400 Arsenal St.

17. (a) Burial: Burial (b) Date thereof: 3-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Mt. Olive Southern Funeral Home

18. (a) Signature of funeral director: \_\_\_\_\_  
(b) Address: 6322 S. Grand Blvd.

19. (a) Date received local registrar: MAR 21 1946 (b) Registrar's signature: J. F. Bradeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19  
year 1946 hour 4.00 minute A M.

21. I hereby certify that I attended the deceased from Feb. 15, 1946 to Mar. 19, 1946  
that I last saw him alive on Mar. 19, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: \_\_\_\_\_  
Duration \_\_\_\_\_

Due to: Chronic Myocarditis 10 yrs x.

Due to: SchizOphrenia 36 yrs.x

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

Signature: Jack R. ... (M. D. or other) \_\_\_\_\_  
Address: 5400 Arsenal Date signed: 3/19/46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

10001

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J. W. Dinsley*

Licensed Embalmer No.....

*3653*

P. O. Address.....

*St. Louis Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**