No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11102

FILED APR 14 1948

Registration District No. 17

Primary Registration District No. 6076

Registrar's No. 877

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0
0

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

1. PLACE OF DEATH:

(a) County St/Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2800 Normandy Drive /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St.Louis 96

(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2800 Normandy Drive 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Sister M.Cesarius O'Shea

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

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 Jan (Month) 13th (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	4	..... hr. ..... min.

9. Birthplace Dublin (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Religious

11. Industry or business .....

FATHER
12. Name Dont Know O'Shea
13. Birthplace Dublin (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mother Bernadette
(b) Address 2800 Normandy Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Incarnate Word

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) 4-6-48 (Date received local registrar) (b) Cecil C Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 5th year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 3-28-48 ....., 19....., to ....., 19.....; that I last saw her alive on 3-28-48, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis	9 days
Due to Chr. Myocarditis	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature John Flynn BSMD (M. D. or other) MD

Address 1615 So 39th St Louis Mo Date signed 4-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr J.T.Flynn
1715 South 39th St

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.....W.H. Van Matre.....

Licensed Embalmer No.....2825.....

P. O. Address.....4340 Lafayette.....

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.