

FILED SEP 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. **31480**
8229
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		10 STREET ADDRESS (If rural, give location) 2931 Greer Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) E. c. (Last) Sheehan			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Feb 2, 1880		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	
12. CITIZENSHIP OF WHAT COUNTRY? U.S					

13a. FATHER'S NAME Robert Sheehan		13b. MOTHER'S MAIDEN NAME Mary Meagher		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-12-6159		17. INFORMANT'S SIGNATURE OR NAME Robert D. Sheehan Hannibal Mo	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 5 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic - nephritis			?
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Sclerosis of liver			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442x		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 4, 1955**, to **Sept 18, 1955**, that I last saw the deceased alive on **Sept 18, 1955**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE Arthur Suddover M.D.		(Degree or title)		23b. ADDRESS 2202 University St.	
23c. DATE SIGNED 9/19/55					

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 21 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	
24d. LOCATION (City, town, or county) St. Louis, Mo		(State)			

DATE REC'D BY LOCAL REG. SEP 20 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's	
				ADDRESS 2849 No Euclid Ave	

(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin L. Henry*.....

Licensed Embalmer No. *402*

P. O. Address *3505 Oak*

St. Louis 20, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.