No. 300
10.48

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

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44395

BIRTH NO. _____ REG. DIST. NO. 7 PRIMARY REG. DIST. NO. 500 Registrar's No. 2956

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORMANDY
c. LENGTH OF STAY (In this place): 3 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MOTHER OF GOOD COUNSEL HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORMANDY
d. STREET ADDRESS (If rural, give location): 6825 NATURAL BRIDGE AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle):
c. (Last): SHEA.

4. DATE OF DEATH (Month) (Day) (Year): DEC 14 - 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN. 10-1880
9. AGE (In years last birthday): 76 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and State or Foreign Country): IRELAND
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: PATRICK McGOWAN
13b. MOTHER'S MAIDEN NAME: SARAH FRAIN
14. NAME OF HUSBAND OR WIFE: PATRICK SHEA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: A. F. BECKER — ADDRESS: 13 CREST LANE LADUE

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Art sclerotic cardio + peripheral vascular dis — INTERVAL BETWEEN ONSET AND DEATH: unk yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — unk yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2-, 1953, *to* 12-14, 1956, *that I last saw the deceased alive on* 12-1-, 1956, *and that death occurred at* 2 53 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Wayne O Gorla (Degree or title) MD
23b. ADDRESS: 2739 No. Grand
23c. DATE SIGNED: 12-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 12-14-56
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): CHICAGO ILLINOIS

DATE REC'D BY LOCAL REG.: 12-14-56
REGISTRAR'S SIGNATURE: Herbert K. Amke MD
25. FUNERAL DIRECTOR'S SIGNATURE: STOCK MORTUARY
ADDRESS: 8895 O. BRENTWOOD CLAYTON

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 14787

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.