SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

63-030505

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7421

FILED JUL 25 1963

DATE AMENDED

Item 13b amended by an affidavit from the granddaughter 10-6-87

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Georgia
b. COUNTY: Fulton
c. CITY OR TOWN: Atlanta
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1265 Swians Valley Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DEBORAH Middle M. Last SHEAHAN
4. DATE OF DEATH: Month JULY Day 18 Year 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-1-1882
9. AGE (Last birthday): 81
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Godfrey, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: James Martin
13b. MOTHER'S MAIDEN NAME: Elizabeth Winters
14. NAME OF HUSBAND OR WIFE: Edwin Sheahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Edwin Sheahan Address: Atlanta, Ga.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ? Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Unk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/23/63 to 7/18/63 and last saw her alive on 7/18/63
Death occurred at 8:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 7/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-20-63
23c. NAME OF CEMETERY OR CREMATORY: Alton City Cemetery
23d. LOCATION (City, town, or county) (State): Alton Ill.

24. FUNERAL DIRECTOR: Ralph A. Kent ADDRESS: Alton Ill.
25. DATE RECD. BY LOCAL REG.: JUL 18 1963
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.