

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6562

1. PLACE OF DEATH

County.....

Registration District No. 70

Township.....

Primary Registration District No. 11

City St. Louis Mo.

(No. 3525 Washington)

File No.

Registered No. 1502

St. Ward

2. FULL NAME

Edward R. Shannon Shannon

(a) Residence. No. 3525 Washington St. 21 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

unknown

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

Near 61

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) New Wilshire

(c) Name of employer Mfg. & Sales Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo. cum Ga.

10. NAME OF FATHER

Ed. Shannon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New Orleans La

12. MAIDEN NAME OF MOTHER

Gertrude Lauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo. cum Ga.

14.

INFORMANT E. R. Shannon
(Address) Wilksbarre Pa.

15.

FILED Aug 21 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

2/7

19 28

17. I HEREBY CERTIFY, That I attended deceased from 2/7/28 to 2/7/28 that I last saw h. alive on 2/7/28 and that death occurred, on the date stated above, at 2:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Stomach
468 H. H. D.
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

not known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) E. R. Shannon M. D.

28-28 (Address) 3537 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Montgomery Ala.

Feb. 9 1928

20. UNDERTAKER

ADDRESS

Alexander & Sons

6175 Dehuar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

