

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

Do not use this space.

41315

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **169083**
City **St. Louis** (No. **Melbourne Hotel**)

File No.....
Registered No. **41301**
St. Ward)

2. FULL NAME

(a) Residence, No. St. **19** 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Katherine Shannon</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unk 1870</i>		
7. AGE YEARS <i>abt 64</i>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Broker</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis</i>		
13. NAME <i>James Shannon</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis</i>		
15. MAIDEN NAME <i>Waples</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis</i>		
17. INFORMANT <i>Mrs. Katherine Shannon</i> <i>Melbourne Hotel</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>Mar 28</i> 1934		
19. UNDERTAKER <i>Arthur J. Plummer & Co</i> <i>3584</i> <i>13</i>		
20. FILED NOV 27 1934 <i>J. H. Brebeck</i> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 25 July* 1934

22. I HEREBY CERTIFY, That I attended deceased from *Nov 20* 1934, to *Nov 25* 1934
I last saw him alive on *Nov 20* 1934 Death is said to have occurred on the date stated above, at *4 A. m.*
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Uremia caused by
Chr. nephritis
108
Other contributory causes of importance:
Uremia 1/3/34

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify *Shot W. Taylor*
(Signed) *Shot W. Taylor*, M. D.
(Address) *3903 Olive St.*

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.

T. W. Taylor

Wall Bay

Je 4936

4-5

10-12 am