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

REC'D MAY 10 1938

13025
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 3629

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo (d) Street No. BARNES St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EMMA, SHANNON 550
(a) Residence, No. 4438 COTTAGE St. 11 ST. LOUIS, MO.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 15, 1889

7. AGE: Years 49 | Months 2 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laundress
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

FATHER
13. NAME: Sam Oliver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Ella Grayson
(ADDRESS) 4438 Cottage Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem DATE 4-19 - 1938

19. FUNERAL DIRECTOR (NAME) Russell Und. Co.
(ADDRESS) 2732 Pine St.

20. FILED APR 19 1938 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1938, to 4-16, 1938
I last saw her alive on 4-16, 1938. Death is said to have occurred on the date stated above, at 7:58 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal Tumor (Malignant)	

Other contributory causes of importance:

Name of operation Excision of Tumor Date of 4-14-38
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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
(Signed) Eugene Boisclair, M. D.
(Address) BARNES HOSPITAL

Licensed Embalmer's Statement on Reverse Side)

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.

X14023

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, ...

Joel Russell, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Joel Russell

Licensed Embalmer No. 2115

P. O. Address 2732 [illegible]

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, above space should be left blank.