

1939 FEB 7 1939

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

3782  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Clayton Primary Registration District No. 701 Registered No. 200  
 (c) City Clayton or St. Louis County Hospital (d) Street No. St. Louis County Hospital 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 Nancy Shannon  
 (a) Residence, No. 1267 Wagner Terrace, Wellston, Mo. (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 Thomas Shannon  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1870  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68 2 13  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Mo.  
 FATHER 13. NAME Mat Church  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
 MOTHER 15. MAIDEN NAME Smith, ?  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT husband, Thomas Shannon (ADDRESS) 1267 Wagner Terrace, Wellston, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 3/39  
 19. FUNERAL DIRECTOR (NAME) Jos. W. Clark (ADDRESS) 1125 Hodiamont Ave.  
 20. FILED FEB 21 1939 J. R. Meyer M.D. Registrar. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

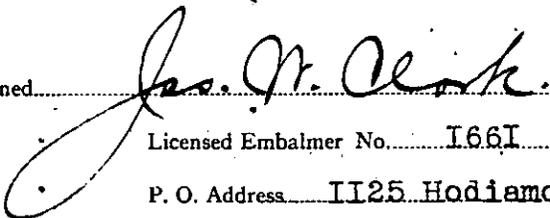
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/1/39, 19  
 22. I HEREBY CERTIFY, That I attended deceased from 1/30/39, 19, to 2/1/39, 19.  
 I last saw her alive on 2/1/39, 19. Death is said to have occurred on the date stated above, at 6:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Generalized arteriosclerosis Date of onset ?  
Cardiac Decompensation 11/38  
 Other contributory causes of importance: 95 lb<sup>2</sup>  
 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.  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify..... (Signed) James David M. D.  
 (Address) St. Louis County Hospital

B 2-1939  
 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.

**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.....

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

Signed..... 

Licensed Embalmer No. .... I66I

P. O. Address..... II25 Hodiemont Ave.

**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.**