

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 13126
Registrar's No. 3556

FILED MAY 13 1941
Registration District No. 791

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4511 Morganford Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4511 Morganford Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Wesley Shannon
3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month April day 23rd
year 1941 hour 11 minute P.M. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife M. Belle Shannon 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased May 13th 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 3, 1940, to April 23, 1941; that I last saw him alive on April 23, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 11 Days 10 If less than one day hr. min.

Immediate cause of death Lympho granulomatous (Hodgkins Disease) Duration 9 mo
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations H H
Of autopsy H H

9. Birthplace St. Francois County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Guard at city art museum

11. Industry or business retired
MOTHER FATHER { 12. Name Thomas H. Shannon
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Sarah Shelley (City, town, or county) (State or foreign country)
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) -Informant Margaret Shannon
(b) Address 4511 Morganford Rd.
17. (a) Burial (b) Date thereof 4-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.
APR 25 1941
19. (a) (Date received local registration) (b) [Signature] (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury. 0
23. Signature Adam E. Youngman (M. D. or other)
Address 5439 Erbevis Date signed 4/24/41

Ill. A. O. C. L. O. C. E. M. E. N. T.
2439 Kansas 8-9-1-3

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 *Reischold K. Lohman*

Licensed Embalmer No. *3395*

P. O. Address.....

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, fact should be so stated above.