

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

20002

State File No.
Registrar's No. 5505

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
Homer Phillips Hospital
(d) Length of stay: In hospital or institution 12 days
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis,
(d) Street No. 4223 W. N. Market
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Alfred Shannon

MEDICAL CERTIFICATION

3. (b) If veteran, name war
3. (c) Social Security No. 448-096912

20. DATE OF DEATH: Month June day 24, year 1942 hour 6 minute 20 P. M.

4. Sex Male 5. Color or race Cal
6. (b) Name of husband or wife Lena Shannon
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased 17 77

21. I hereby certify that I attended the deceased from June 12, 1942 to June 24, 1942; that I last saw him alive on June 24, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis
Duration Unknown

8. AGE: Years 45 Months 5 Days 7
If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Subito Miss

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

10. Usual occupation Laborer

Major findings: Of operations

MOTHER FATHER
11. Industry or business
12. Name Alfred Shannon
13. Birthplace Subito Miss
14. Maiden name Alice Hill
15. Birthplace Subito Miss

Of autopsy
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?

16. (a) Informant Lena Shannon
(b) Address 4223 W. N. Market

While at work? (Specify type of place) (e) Means of injury

17. (a) Burial (b) Date thereof 6 29 42
(c) Place: burial or cremation Father's home

23. Signature S. E. Smith (M. D. or other)
Address 2601 White Date signed 6/25/42

18. (a) Signature of funeral director Albert Walton
(b) Address 2707 Standard St
19. (a) JUN 27 1942 (b) J. J. Bedeck (Registrar's signature)

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

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 Arthur L. Heilbard

Licensed Embalmer No. 4224

P. O. Address 2649th Delmas Blvd

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.