

ED JUL 13 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6058

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:
1120 E. Gano Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 35 Years.
years, months or days)

3. (a) PRINT FULL NAME John Joseph Shanahan

3. (b) If veteran, name war..... None

3. (c) Social Security No. 490-03-3881

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Shanahan

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased. June 13, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 0 18hr.min.

9. Birthplace. Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business Bemis Bag Co.

12. Name. James Shanahan

13. Birthplace. Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name. Catherine Ryan

15. Birthplace. Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Catherine Shanahan

(b) Address. 1120 E. Gano Ave.

17. (a) Burial (b) Date thereof. 7/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. [Signature]

(b) Address. 2117 E. Grand Blvd.

19. (a) JUL 2 1943 (b) J. J. Bruck
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....

(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 E. Gano Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year. 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from June 20-8
6-20-43 to July 1, 1943
that I last saw him alive on July 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic myocarditis 5 yrs.

Due to congestion

Due to non-specific

Other conditions (include pregnancy within 3 months of death) 9/1

Major findings: Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) (e) Means of injury 9/1

23. Signature. [Signature] (M. D. or other)

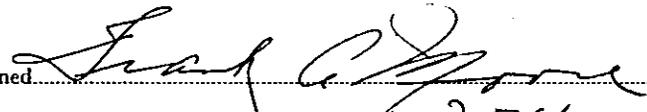
Address. [Signature] Date signed. 7/2/43

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.....



Licensed Embalmer No.....

3041

P. O. Address.....

2117 E. 1st

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.