

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 666

1. PLACE OF DEATH:
 (a) County ST, Louis, Mo,
 (b) City or town ST, Louis, MO,
 (c) Name of hospital or institution: Isolation Hospital
 (d) Length of stay: In hospital or institution 1-13-45 to 21-5
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County
 (c) City or town ST, Louis MO,
 (d) Street No. 3957 Lincoln
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Margaret Shannon
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife EUGENE SHANNON
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased NOV 19 1872
 (Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 2
 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business ?

MOTHER FATHER
 12. Name Hugh DILLON
 13. Birthplace
 14. Maiden name MARY UNKNOWN
 15. Birthplace

16. (a) Informant Viola Becktame
 (b) Address 5600 Arsenal St,

17. (a) BURIAL (b) Date thereof JAN 24/45
 (c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schurr
 (b) Address 3125 Lafayette Ave.

19. (a) JAN 23 1945 (b) Registrar's signature J. F. Bredon

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 21
 year 1945 hour 1 minute 30 p. M.
 21. I hereby certify that I attended the deceased from 1-13-45
 1945;
 that I last saw her alive on 1-21-1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Urinary Carcinoma of bladder
 Duration 5 yrs
 Due to 52 yrs
 Due to

Other conditions arteriosclerosis 20 yrs
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy
 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

23. Signature [Signature] (M. Doer other) MD
 Address 5600 Arsenal St Date signed 1-22-45

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.....

Jon B. Vollmer

Licensed Embalmer No.....

4014

P. O. Address.....

H. J. Smith M.

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.