No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1948

State File No. 3428

Registration District No. 317 — Primary Registration District No. 3078 — 331 — Registrar's No. 331

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Webster Groves 19
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 202 A West Lockwood Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 96
(c) City or town Webster Groves 19 7
(If outside city or town limits, write "RURAL")
(d) Street No. 202 A West Lockwood 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Frank Winferd Shannon
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex M 8 5. Color or race W 6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Eva May Keiser Shannon 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 5 (Month) 29 (Day) 1880 (Year)

8. AGE: Years 67 Months 8 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Delaware Co (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation Doctor of Osteopathy
11. Industry or business —
FATHER
12. Name Joe Shannon 1
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant Mrs Eva M Shannon
(b) Address 202 A W Lockwood Bl
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Mittelberg Funl Home
(b) Address Webster Groves 19 Mo
19. (a) 2-4-48 (Date received local registrar) (b) Cecil A Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 1
year 1948 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw him alive on Feb 1, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	3 hours
Due to: Art. Sclerosis & Coronary Sclerosis	3 yrs.
Due to: 94 a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations mn
Of autopsy mn

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) mn
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature Frank P Gaunt (M. D. or other) MD
Address 13 C N. Gore Webster Groves Mo Date signed 2/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

96
74

MAR 24 1948

DEC 7 1948

FEB 10 1948

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 Ernest W. Lillis

Licensed Embalmer No. 14080

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.