

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39713

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9914**

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| 1. PLACE OF DEATH a. COUNTY 1 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) 2219 OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3600 N. 9th. St. | | d. STREET ADDRESS (If rural, give location) 3600 N. 9th. St. | |

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|--|-----------------------|--------------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) Michael | b. (Middle) J. | c. (Last) Shannon | 11 6 51 | | |

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|------------------|----------------------------|---|----------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX M. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 2-28-89. | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|------------------|----------------------------|---|----------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

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|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis Mo 0 | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Owen Shannon | 13b. MOTHER'S MAIDEN NAME Mary Gaffney | 14. NAME OF HUSBAND OR WIFE Hulda Shannon |
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|---|-------------------------|--|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs Hulda Shannon | ADDRESS 3600 N. 9th. St. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatosis | | INTERVAL BETWEEN ONSET AND DEATH 8-6-51. 9-6-1950. |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Colon | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 153X |
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22. I hereby certify that I attended the deceased from **Aug 6, 1951, to Nov 6, 1951**, that I last saw the deceased alive on **Nov 6, 1951** and that death occurred at **8:30 AM** from the causes and on the date stated above.

| | | | |
|--------------------------------------|-------------------------------|---|---------------------------------|
| 23a. SIGNATURE Thurmond Burns | (Degree or title) M.D. | 23b. ADDRESS 9802 N. Grand Blvd. | 23c. DATE SIGNED 11-8-51 |
|--------------------------------------|-------------------------------|---|---------------------------------|

| | | | |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11-9-51 | 24c. NAME OF CEMETERY OR CREMATORY Laural Hill Gardens | 24d. LOCATION (City, town, or county) (State) St. Louis Co. |
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|--|--|--|-------------------------------|
| DATE REC'D BY LOCAL REG. NOV 8 1951 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. K.P. | 25. FUNERAL DIRECTOR'S SIGNATURE Sullivans Fun. Dir | ADDRESS 2849 N. Euclid |
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(Licensed Embalmer's Statement on Reverse Side)

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

1004
3102
ET 0983 -
Official Form 11-1-1968

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Bustav H. Dietter

Signed.....

Student Embalmer

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

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.