

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1952

State File No. 26331

318

1003

Registrar's No. 5130

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5130</b>	
1. PLACE OF DEATH a. COUNTY <b>St.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>16 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>Riverview Terrace 9253 Edna St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>June 1 1952</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>E.</b> c. (Last) <b>Shannon</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 1 1952</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>September 4 1892</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>59</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Organizer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Boot &amp; Shoe Union</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Harmon Shannon</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Dahlen</b>		14. NAME OF HUSBAND OR WIFE <b>Kathryn Shannon</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Kathryn Shannon 9253 Edna St</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cerebral thrombosis, rt.</b>  ANTECEDENT CAUSES <b>Rheumatic heart disease with mitral stenosis and auricular fibrillation</b>  DUE TO (b) <b>Thrombosis, abdominal aorta and both iliac arteries</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>years</b> <b>3 wks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>410X</b>			
22. I hereby certify that I attended the deceased from <b>June 1, 1952</b> to <b>May 29, 1952</b> , that I last saw the deceased alive on <b>May 29, 1952</b> and that death occurred at <b>11:15 PM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Bertell C. McK...</b>				23b. ADDRESS <b>508 N. Grand</b>		23c. DATE SIGNED <b>June 3 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>		24b. DATE <b>June 5 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo</b>	
DATE REC'D BY LOCAL REG. <b>JUN 5 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F Feutz 4828 Nat Bridge Blvd</b>			

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

REMOVED

508 N. Grand  
9 A.M. to 11 A.M.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Mlinar  
Licensed Embalmer No. 4186

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.