

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

FILED VS OCT 7 1960

**60-038553**

**318** Primary Registration District No. **1003**

**9419** STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>28 days</b>	c. CITY OR TOWN <b>Belleville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>218 Stites Street</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>CLAUDE</b> Middle <b>AUSTIN</b> Last <b>SHANNON</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>25,</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/4/04</b>	9. AGE (last birthday) <b>56</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Store Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Store</b>	11. BIRTHPLACE (City and state or country) <b>Farmington, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Hugh Shannon</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Wiggins</b>		14. NAME OF HUSBAND OR WIFE <b>Jessie Smith 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>490-05-2227</b>	17. INFORMANT (Daughter) Address <b>Shirley Jean Adams, E. St. Louis, Ill.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b>
IMMEDIATE CAUSE (a) <b>Gen. carcinomatosis</b>		
DUE TO (b) <b>Bronchogenic carc. of lung</b>		
DUE TO (c) <b>162.1</b>		<b>?</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **4-29-60** to **9-25-60** and last saw <sup>her</sup>/<sub>him</sub> alive on **9-24-60**  
Death occurred at **8 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>John L. Horner</b>	(Degree or title) <b>MD</b>	22b. ADDRESS <b>114 N. Taylor, St. Louis 8</b>	22c. DATE SIGNED <b>9-26-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9/28/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake View Memorial Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Belleville, Illinois</b>
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24. FUNERAL DIRECTOR <b>P. W. Schildknecht, O'Fallon, Illinois</b>	25. DATE RECD. BY LOCAL REG. <b>SEP 26 1960</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ <sup>not</sup> or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Phillip W. Schildknecht  
Phillip W. Schildknecht

Licensed Embalmer No. 8549 (IL)

P. O. Address 301 So. Lincoln  
O'Fallon, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.