REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16655
Do not use this space.

Registration District No. 1008 791

Primary Registration District No.

Registered No. 4516

1. PLACE OF DEATH

(a) County

(b) Township

(c) City Saint Louis

(d) Street No. Missouri Pacific Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edwin Joseph Shanahan. 550

(a) Residence, No. 4228 Bell Street St. nR Kansas City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dorothy Shanahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6/17/1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedalia Missouri D

FATHER

13. NAME: ? Shanahan 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? 9

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

17. INFORMANT (ADDRESS): Dorothy Shanahan, 4228 Bell St, Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE 5-17, 1938

19. FUNERAL DIRECTOR (ADDRESS): Robert J. Ambruster, 6633 Clayton Road

20. FILED MAY 17 1938 J. F. Bucher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1938, to 5-17, 1938

I last saw h... alive on 5-17, 1938. Death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder, Urinary	1931

Other contributory causes of importance: 61 B

Name of operation Cystotomy Date of 2-8-38

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. H. McCloy, M. D.

(Address) Mo Pacific Hospital

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 26 1949

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1994

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