S. No. 2
M—5-42
v. 5-17-39
I X32673

WRITE PLAINLY—USE FADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -5 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39320

Registrar's No. 10760

1. PLACE OF DEATH:

(a) County: St. Louis, Mo.

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 4 days (Specify whether years, months or days)

In this community 22 years

2. USUAL RESIDENCE OF DECEASED: 006

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis, 521 (If outside city or town limits, write "RURAL")

(d) Street No.: 1331a Webster (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Will Shannon

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: Col

6. (a) ~~Single, widowed~~, married, ~~divorced~~: M

6. (b) Name of husband or wife: Maudie Shannon

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: Sept (Month) 20 (Day) 1885 (Year)

8. AGE: Years 57 Months 32 Days 28 If less than one day hr. min.

9. Birthplace: Pollock Co (City, town, or county) Miss (State or foreign country)

10. Usual occupation:

11. Industry or business: Laborer

MOTHER FATHER

12. Name: William Shannon

13. Birthplace: ? (City, town, or county) Miss (State or foreign country)

14. Maiden name: Maudie Moore

15. Birthplace: ? (City, town, or county) Miss (State or foreign country)

16. (a) Informant: Maudie Shannon

(b) Address: 1331a Webster Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-26-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cem

18. (a) Signature of funeral director: Ellis Fun Home

(b) Address: 2820 S Todd St

19. (a) DEC 24 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18, year 1942 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from October 14, 1942, to December 18, 1942, that I last saw him alive on December 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	Unknown
Prob. Cirrhosis of Liver	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(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:

23. Signature: S. E. Smith (M. D. ~~or other~~)

Address: 3601 Whittier Date signed: 12/21/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ L Boyk

....., Registered Apprentice No. My,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

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.