S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18673

Registration District No. 945 318

Primary Registration District No. 1003

Registrar's No. 5135

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DEACONESS HOSP
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO (b) County 17 9 9

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3908 WESTMINSTER AVE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNIE EARLY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife WILLIAM

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

7. Birth date of deceased FEB (Month) 13 (Day) 1875 (Year)

8. AGE: Years 70 Months 3 Days 26 If less than one day hr. min.

9. Birthplace FRANKLIN Co (City, town, or county) MO (State or foreign country)

10. Usual occupation OWNER + PROP

11. Industry or business OWNER + PROP ROOMING HOUSE

FATHER
12. Name JAMES F SHANNON
13. Birthplace IRELAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANASTASIA THOMAS
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant RUSSELL EARLY

(b) Address 2029 HARDIN DR

17. (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 6 12 45 (Month) (Day) (Year)

(c) Place: burial or cremation ST. PATRICKS (CATAWISSA MO

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4328 SOUTH HIGHWAY

19. (a) JUN 11 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9 year 1945 hour 9 AM minute M.

21. I hereby certify that I attended the deceased from May 11th, 1945, to June 9th, 1945, that I last saw her alive on June 8th (10 PM) 1945, and that death occurred on the date and hour stated above.

Immediate cause of death LYMPHATIC LEUKEMIA — Duration
Complication BRONCHO PNEUMONIA — 2 WKS
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 [illegible] (M. D. or other)

Address 719-508 N GRAND BLVD, ST LOUIS MO Date signed 6/11/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Koch
Mit Bldg
1 P.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 .....

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Richard W Storrsand

Licensed Embalmer No. 4007

P. O. Address .....

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.