

FILED DEC 9 1946

318

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (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:
4337 Neosho St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4337 Neosho St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
 year 1946 hour 2:30 minute _____ P. M.
 21. I hereby certify that I attended the deceased from 30 Aug
1946 to 26 Nov 1946
 that I last saw him alive on 22 Nov 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo-
carditis and myocardial
degeneration
 Due to Arterio-sclerotic heart
disease
 Due to _____

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

Other conditions Prostatic hypertrophy
(Include pregnancy within 3 months of death)
with retention
 Major findings:
 Of operations _____
 Of autopsy _____

3. (a) PRINT FULL NAME Thomas Quince Shannon

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rhoda E. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 16 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Rush Tower Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Police Dep't.

11. Industry or business _____

12. Name Thomas Shannon

13. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Shelley

15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Rhoda E. Shannon

(b) Address 4337 Neosho St.

17. (a) Burial (Mtr.) (b) Date thereof 11 30 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandy, Mo.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 29 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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

37904

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. Storesand

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.