

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**30340**

State File No. ....

FILED SEP 4 1957

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>1940</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) - a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY OR TOWN <u>Overland</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lackland Nursing Home</u>				• STREET ADDRESS (If rural, give location) <u>2360-Goodale Avenue</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) _____			c. (Last) <u>Shannon</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1957</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <del>X</del> WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 27, 1868</u>			
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Health Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Health Dept.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Watterford, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Patrick Shannon</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Mead</u>			14. NAME OF HUSBAND OR WIFE <u>Mary E. Dcd.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-26-2067A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine Nielson 2360-Goodale Ave</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>									
ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic ca to lung</u>									
DUE TO (c) <u>Carcinoma of the throat</u>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
								<u>148X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Aug 2, 1957</u> to <u>Aug 4, 1957</u> , that I last saw the deceased alive on <u>Aug 4, 1957</u> , and that death occurred at <u>10:23 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>L. R. Williams, D.O.</u>				23b. ADDRESS <u>10426 Lackland</u>				23c. DATE SIGNED <u>8/5/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-6-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Ann, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8/5/57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William ...</u>		ADDRESS <u>2504 Woodson Road Overland-14-Mo.</u>			

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

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Loren E. Percy*  
Licensed Embalmer No. *40*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply 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.