

FILED VS OCT 6 1960

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9454

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>		c. CITY OR TOWN <b>HOUSE SPRINGS</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. ANTHONY'S Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>ROUTE 2 BOX 39B</b>	

3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>SHANNON</b> Last <b>SHANNON</b>			4. DATE OF DEATH Month <b>SEPT.</b> Day <b>26</b> Year <b>1960</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 26 1960</b>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b> Hours <b>7</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>ST. LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>LLOYD SHANNON</b>		13b. MOTHER'S MAIDEN NAME <b>JOAN URBAN</b>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT <b>LLOYD SHANNON</b> Address <b>HOUSE SPRINGS MO</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>
IMMEDIATE CAUSE (a) <b>Respiratory Failure</b>		
DUE TO (b) <b>Immaturity</b>		
DUE TO (c) <b>Premature Birth (maternal - premature sep placenta)</b>		3 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>761.5</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from **9-26-60** to **9-26-60** and last saw him alive on **9-26-60**  
Death occurred at **12:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Eugene H. Edler MD</b> (Degree or title)	22b. ADDRESS <b>4971 Chippewa St</b>	22c. DATE SIGNED <b>9-27-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>SEPT 27, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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24. GENERAL DIRECTOR <b>Thomas Lutes 2906</b> ADDRESS <b>Merwin</b>	25. DATE RECD. BY LOCAL REG. <b>SEP 27 1960</b>	26. REGISTRAR'S SIGNATURE <b>Karl Smith, M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

*NOT*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *E. Levanthovics*

Licensed Embalmer No. *3403*

P. O. Address *2906 Fla*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.