MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12912

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. Little Sisters Of The Poor Home St. ..... Ward)

File No. F 3462

Registered No.

2. FULL NAME John McAnnar Sr.

(a) Residence. No. 3400 S. Grand Blv. St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. McAnnar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 3, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	2	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) "
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY)

14. INFORMANT Mrs Stella Humes
(Address) 3210 Sublette av

15. FILED ..... 19..... Max C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929 to March 18, 1929 that I last saw him alive on March 17, 1929, and that death occurred, on the date stated above, at 7:45a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Stenosis

42A

97

(duration) yrs. 2 mos. 18 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) yrs. 2 mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

B DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. L. Garcia, M. D

March 18, 1929 (Address) 3165 So Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Paul Cemetery

DATE OF BURIAL March 21 1929

20. UNDERTAKER Hauck & Schmitt

ADDRESS 3732 S. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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