

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

Do not use this space.

34550

1. PLACE OF DEATH

County NOV 9 1935
Township
City St. Louis

Registration District No. 791
Precinct Registration District No. 1003
No. St. John's Hospital

File No. _____
Registered No. 8992
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6009 Dewey Ave. 1 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick W. Gannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-14-1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>62</u>	<u>7</u>	<u>12</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

13. NAME Richard Laurent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Mary E. Plien

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT P. W. Gannon

(ADDRESS) 6009 Dewey

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE 10-28-1935

19. UNDERTAKER Southern Und. Co.

(ADDRESS) 5322 Grand

20. FILED OCT 27 1935 19 J. P. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/26/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/1/35, 1935 to 10/27/35, 1935

I last saw her alive on 10/25/35, 1935 Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Lumenage
870

Other contributory causes of importance

arterio-sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1935

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. Falk M. D.

(Address) Sumner and Kelly

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.

