

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

Do not use this space.

Jun 29 1937

21300

**1. PLACE OF DEATH**

County ~~Overland Mo.~~ *St. Louis* Registration District No. *789*  
 Township *Marmandis* Primary Registration District No. *6033*  
 City *Overland* (No. *8017 Albin*)

File No. *21300*  
 Registered No. *129*  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** *George C. Fannon*

(a) Residence, No. *8017 Albin Ave.* St. \_\_\_\_\_ 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 *Male* 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 *Verona Fannon*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1-8-1893*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*44 3 23*

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Chauffeur*  
 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) *Mo.*

FATHER 13. NAME *George B. Fannon*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER 15. MAIDEN NAME *Ellen Regan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT *Verona Fannon*  
 (ADDRESS) *8017 Albin Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Vicky, Mo.* DATE *5-3-37*, 19\_\_

19. UNDERTAKER *Henry Seidner*  
 (ADDRESS) *1417 N. Market St.*

20. FILED *5-3-37* 19\_\_ *Edl. Boehmer*  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 1 - 37*, 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_, to \_\_\_\_\_, 19\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_. Death is said to have occurred on the date stated above, at *1:45 PM*

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

*Chronic Myocarditis* Date of onset \_\_\_\_\_

Other contributory causes of importance:

*Chronic Interstitial Nephritis*

Name of operation *None* Date of \_\_\_\_\_  
 What test confirmed diagnosis *Medical History* Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_

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? *No.*

If so, specify \_\_\_\_\_

(Signed) *John D. Cornell* M. D.  
 (Address) *Coroner, St. Louis*

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.

