

OCT 26 1937

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

35377
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1160
(b) Township _____ Primary Registration District No. 4470 Registered No. 94
(c) City North University City Street No. 7076 Julian Ave. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Elijah O'Bannon
(a) Residence, No. 7076 Julian Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Francis O'Bannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 7 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Fredericktown Mo.

FATHER 13. NAME Frank O'Bannon

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

MOTHER 15. MAIDEN NAME Lucy A. Hill

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

17. INFORMANT Mrs. Ceregan (ADDRESS) 7076 Julian Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo. DATE 9/25, 1937

19. FUNERAL DIRECTOR (ADDRESS) Chas. G. Bull 44-57 Washington Blvd

20. FILED Sept 23, 1937 Lena D. Moller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from ON SEPT 15, 1937, to _____, 19____
I last saw h. i. m. alive on 9-15, 1937. Death is said to have occurred on the date stated above, at 8:15 P.

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

CARCINOMA OF LARYNX

Date of onset 1 1/2 yrs

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? USUAL 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) J. O. Morrison, M. D.
(Address) 608 Kingland

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John Ketter

Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

myself

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

John Ketter

Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)