

REC'D JUN 9 1938

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

16206

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St Louis
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791
1003

Primary Registration District No.

Registered No. 4067

(d) Street No. BARNES HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amelia Louise Bannon 5510

(a) Residence, No. 451 Cleveland St. 17 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 21, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 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) Unknown Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Paul Hoegen
 (ADDRESS) 4151 Cleveland Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE May 4, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Robert
1905 S. Grand Blvd.

20. FILED MAY - 2 1938 19 J. F. Bullock
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-25-38, 1938, to 5-1-38, 1938

I last saw her alive on 5-1-38, 1938. Death is said to have occurred on the date stated above, at 8:30 a. m.

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

Carcinoma of Colon
Peritonitis, General
 Date of onset 3-27-38

Other contributory causes of importance: HO

Name of operation Colostomy Date of 4-27-38
 What test confirmed diagnosis ST. Spec Was there an autopsy? Yes

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?
 If so, specify Stephen B. H. 1, M. D.
 (Signed) Stephen B. H. 1, M. D.
 (Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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. THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

W. J. Robert

or by

Registered Apprentice No., working under my personal supervision.

Signed

W. J. Robert

Licensed Embalmer No. *502*

P. O. Address

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 this body is not embalmed, above space should be left blank.