

WRITE PLAIN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Gannon 550
3. (b) If veteran, name war WW
3. (c) Social Security No. WW

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MORRIS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUG. 15 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace IRELAND
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME 5

MOTHER FATHER { 12. Name UNKNOWN 9
18. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name UNKNOWN 1
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph Gannon
(b) Address 3656 MINNESOTA

17. (a) BURIAL (b) Date thereof JAN 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MNT OLIVE CEMET

18. (a) Signature of funeral director J. A. ...
(b) Address 7128 Michigan

19. (a) JAN 10 1940 (b) J. ...
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County _____
(c) City or town ST LOUIS 1
(If outside city or town limits, write "RURAL")
(d) Street No. 7711 WUEGAN ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7,
year 1940 hour 9:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from January
1, 1940, to January 7, 1940,
that I last saw her alive on January 7, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Harold ... (M. D. or other) _____
Address 1515 Lafayette Date signed 1/8/40

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, or by.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed *J. P. Fudler Jr.*.....

Licensed Embalmer No. *925*.....

P. O. Address *ST LOUIS*.....

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.