S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12555

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2985

1. PLACE OF DEATH:

(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: Luthern Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis, Missouri 915
(If outside city or town limits, write "RURAL")

(d) Street No. 4178 Taft
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thomas L. Gannon

3. (b) If veteran, name war None

3. (c) Social Security No. 489-09-7962

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mayme Gannon

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 2, 1889 (Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 0 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Scullin Steel Co.

FATHER
12. Name Gannon
13. Birthplace Unk 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Boyle
15. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mayme Gannon
(b) Address 4178 Taft Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) APR - 4 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1941 hour 7 minute 50 AM.

21. I hereby certify that I attended the deceased from 3/27, 1941, to 4/2, 1941 that I last saw him alive on 4/2/41, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock and Myocardial Colapse Chr. Myocarditis.	2-3 days
Due to Acute Toxic absorption	1 day
Due to Tumor Growth? in L. Lung	5-10 yrs
Other conditions unknown as to malignancy (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy 93c	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. A. O'Donnell M. D. (M. D. or other)
Address 4065 So Grand Date signed 4/4/41

(Licensed Embalmer's Statement on Reverse Side)

J. A. O'Dowd RW 2711
4065 S. Grand (Office)
~~Hi~~ 4005 (Home
11 to 12 1 to 3 PM will be in this a m to sign

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 Raymond Hoemann, Registered Apprentice No. 275 working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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

If this body is not embalmed, fact should be so stated above.