V. S. No. 2
50M—5-42
V. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4056

FILED FEB 23 1943

Registration District No. 1318

Primary Registration District No. 1003

Registrar's No. 1476

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Depaul Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street 4971 Lilburn Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John T ~~Concannon~~ Concannon

3. (b) If veteran, name war None

3. (c) Social Security No. 487-18-1849

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov 22nd. 1900 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	2	21	hr. min.

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

10. Usual occupation Foreman

11. Industry or business Standard Stamping Co

FATHER
12. Name Jeremiah ConCannon
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Della Gormpley
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Concannon
(b) Address 4971 Lilburn Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd

19. (a) FEB 15 1943 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1943 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from February 10 1943 to Feb 13 1943 that I last saw him alive on Feb 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Lobar Pneumonia	1 Day
Due to Chronic Glomerulonephritis	
Due to Degenerative Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Farm

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 (M. D. ~~or other~~)
Address Date signed 2-14-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed Homer W. Fritz

Licensed Embalmer No. 3882

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, fact should be so stated above.