S. No. 2
M—5-42
. 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. 4160

FILED MAR 10 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1821

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:
St. Louis Childrens 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 Mo (b) County Rolla 81 2

(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")

(d) Street No. N.R.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Lloyd Dale Fannon

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 31 (Day) 1941 (Year)

8. AGE:

Years	Months	Days	If less than one day
1	1	19	hr. min.

9. Birthplace Rolla (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Lloyd Fannon
13. Birthplace Maries County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Edith Pierce
15. Birthplace Rolla (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Lloyd Fannon
(b) Address Rolla, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) FEB 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 19
year 1943 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis
Bronchopneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Alfred J. Perry 3 (M. D. or other)

Address Depu Room Date signed 2/19/43

(Licensed Embalmer's Statement on Reverse Side)

1821

1821

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 Wilford G Burnley

Licensed Embalmer No. 4202

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.