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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18960

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1237

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. May 19, 1943. (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1402 North Grand Blvd. 9
(If rural, give location)

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

If yes, name country - 1

3. (a) PRINT FULL NAME John J. Fanning

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 491-14-7241

4. Sex male O

5. Color or race White

6. (a) Single, widowed, married, divorced O single

6. (b) Name of husband or wife -

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

7. Birth date of deceased August (Month) 12 (Day) 1890 (Year)

8. AGE: Years 52 Months 9 Days 10 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business -

FATHER
12. Name Martin Fanning
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Johanna Markin
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 4 43 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEM.

18. (a) Signature of funeral director C. Hoffmeister Mx C.
(b) Address 7814 S. Broadway

19. (a) [illegible] 26 1943 (Date received local registrar) (b) C. D. McGarry MD (Registrar's signature)

MAY 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd, year 1943 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from May 19, 1943, to May 22, 1943 that I last saw him alive on May 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease with cardiac enlargement, myocardial damage and insufficiency.	Unknown
Due to -	
Due to -	
Other conditions Arteriosclerosis, generalized. (Include pregnancy within 3 months of death)	Unkn.
Obesity.	Unkn.

Major findings:
Of operations No operation.
Of autopsy No 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) no

(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? (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Date signed 5/22/43.
Vet. Adm. Fac., Jeff. Bks., Mo.

(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 Louis C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.