

FILED JUN 25 1943

318

Primary Registration District No. 1003

Registrar's No. 5561

1. PLACE OF DEATH:

(a) County St. Louis,  
(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. John's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 42 Years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4935 Thekla Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Frank Ganninger

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-01-4380

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Minnie Ganninger 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 19, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 11 28 hr. min.

9. Birthplace St. Jacob, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Mound City Ice & Cold Storage Co

12. Name John Ganninger

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Bender

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Ganninger

(b) Address 4935 Thekla Ave.

17. (a) Burial (b) Date thereof 6/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) JUN 18 1943 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1943 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 7th  
1943, to June 17th, 1943  
that I last saw him alive on June 17th, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus Duration 1 hour

Due to Thrombo-phlebitis left leg. 10 days

Due to \_\_\_\_\_

Other conditions Pericardial Aneurysm 2 months  
(Include pregnancy within 3 months of death)

Major findings: [Signature]  
Of operations \_\_\_\_\_

Of autopsy Same

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? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

22. Signature John J. Hammond (M. D. or other) m. d.

Address 634 N. Grand Date signed 6/12/43

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

MOTHER FATHER

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 Frank A. Stone  
Licensed Embalmer No. 3041  
P. O. Address 2117 E. Grand

**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.**