25971

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED AUG 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1845

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4232 Norfolk
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mike Bannon

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Lottie

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

7. Birth date of deceased July ? 1876 (Month) (Day) (Year)

8. AGE: Years 67 Months Days ? If less than one day hr. min.

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

10. Usual occupation Rail Road Worker

11. Industry or business None

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

MOTHER
14. Maiden name Lottie Orebeck
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Nursing Home
(b) Address Ballwin, Mo Box 12

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-43 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Sacred Heart Cem

18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address Kirkwood Mo.

19. (a) AUG 12 1943 (Date received local registrar) (b) C. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from July 26, 1943, to Aug 5, 1943 that I last saw him alive on Aug 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Concer of Bowels

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 462

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 G. P. Knobb (M. D. or other)
Address Valley Park Date signed 8-10-43

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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