V. S. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4282

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 305

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution Adm. Feb. 1, 1944 (Specify whether
In this community - - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County - 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 6602 Southwest Ave.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME GANNON, Bernard J.

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

3. (c) Social Security No. Yes, not rem.

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Stella Gannon

6. (c) Age of ~~husband or~~ wife if alive 46 years

7. Birth date of deceased November 19, 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business - - Wabash Railroad.

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

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

16. (a) Informant M. Schelling Cl. Clerk.
(b) Address Vets. Adm. Fac., Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-44
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) FEB 7 - 1944 (Date received local registrar) (b) E. G. McGovran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th year 1944 hour 7:00 A.M. minute ___ M.

21. I hereby certify that I attended the deceased from February 1, 1944, to February 4, 1944 that I last saw him alive on February 4, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death NEPHRITIS, CHRONIC.	UNKNOWN
Due to - -	
Due to - -	
Other conditions NONE (Include pregnancy within 3 months of death)	
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? (Specify type of 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 2-4-1944

707

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 9 1944

MAR 20 1945

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.