

S. No. 2
DM-8-43
v. 5-17-39
X37823

35888

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 30 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9858**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo-3 days
(Specify whether years, months or days)
In this community 18 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 020
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3417 A. Caroline St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ella Gannon
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 19th
year 1944 hour 4:45 minute _____ P. M.
21. I hereby certify that I attended the deceased from 10/16/44
to Nov. 19th, 1944
that I last saw her alive on Nov. 19th, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife Joseph Gannon 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased: July 9, 1908
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the Cervix
Duration 6 mo.?
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 36 Months 2 Days 10 If less than one day hr. _____ min. _____
9. Birthplace Rebrauch Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Louis Duncan
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Mattie
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jean Riley
(b) Address 3417 A Caroline St.
17. (a) Burial (Burial, cremation, or removal) _____ (b) Date thereof 11-22-44
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3843 Lindell Blvd.
19. (a) NOV 21 1944 (Date received local registrar) J. F. Bredeek (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Robert E. Salt (M.D. or other) 11/20/44
Address 1515 Lafayette Date signed _____

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

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.