

FEB JUN 30 1945 8

Primary Registration District No. **1003**

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

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 13 days
(Specify whether years, months or days)
 In this community 20 years

3. (a) PRINT FULL NAME Leroy Lannagan

3. (b) If veteran, name war #1 3. (c) Social Security No. 190-26-9700

4. Sex male 9 5. Color or race col 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased May 24th 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>0</u>	<u>12</u>	hr. _____ min.

9. Birthplace Burlington Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name Andrew Lannagan

13. Birthplace Fort Gibson Ark
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lee Davis

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

16. (a) Informant Andrew Lannagan

(b) Address # 4 North Channing Ave

17. (a) burial (b) Date thereof 6-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director W. H. Anderson

(b) Address 3133 Bell Avenue

19. (a) JUN 15 1945 (b) J. H. Redeck
(Date received local registrar) (Registrar's signature)

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. 724 N. 23rd St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6,
 year 1945 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 24, 1945, to June 6, 1945;

that I last saw him alive on June 6, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis Duration Unk.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of 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) _____

(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

23. Signature B. F. Murphy (M. D. or other) _____
 Address 2301 W. Wetmore Date signed 6/7/45

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. 2698

P. O. Address 27690 routeau

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.