S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21930

FILED JUL 20 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6094

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pulaski 999
(c) City or town ~~Mounds~~ Ullin N.P.11
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Frank Gandy

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Frances Gandy

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

7. Birth date of deceased September (Month) 15 (Day) 1882 (Year)

8. AGE: Years 62 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Ullin (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Samuel Gandy
13. Birthplace Unknown (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Lucy Barnett
15. Birthplace Unknown (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Mrs. Frank Gandy
(b) Address Ullin, Ill.

17. (a) Remvoal (Burial, cremation, or removal) (b) Date thereof 7-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Mounds~~ Ullin, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 13 1945 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1945 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from June 28, 1945 to July 12, 1945 that I last saw him alive on July 12, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Degenerative Arteriosclerotic Heart Disease	Over 1 year
Due to a coronary artery disease	
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 Edward Mossie (M. D. or other)
Address 607 N. Grand Date signed 7/13/45

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1945

OCT 19 1945

6.

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 John Ogonowski

Licensed Embalmer No. 2398

P. O. Address.....

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.

State of Illinois } ss.
County of Pulaski }

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 21930-45

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 17th day of October, 1945, before me appears Mrs. Ora Gandy, who, upon her oath, states that the original record of ~~birth~~ death for Frank Gandy ~~born~~ died July 12, 1945, in the State of Missouri, and which was filed at Jefferson City on 7-20, 1945, should be corrected as follows:

Item No. 17 C should read Ullin, Ill

Instead of Miranda, Ill.

Item No. 2 C should read Ullin, Ill

Instead of Miranda, Ill.

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ora M. Gandy Wife
Relationship.

Ullin, Illinois
Present Address.

Subscribed and sworn to before me this 17th day of October, 1945.

My Commission expires June 6, 1948 Mary Olive Stoner Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
19M-8-42
I X33820

1945

S-21930

OCT 19 1945