No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 4 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6382

Registrar's No. 1849

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: 7116 Lanham
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7116 Lanham
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY JANE GANNON
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed
6. (b) Name of husband ~~or wife~~ THOMAS
6. (c) Age of husband or wife if alive —
7. Birth date of deceased Nov. (Month) 12 (Day) 1870 (Year)

8. AGE: Years 77 Months 3 Days 9 If less than one day hr. min.

9. Birthplace EDINBURGH (City, town, or county) SCOTLAND (State or foreign country)
10. Usual occupation housework
11. Industry or business At Home
FATHER
12. Name Wm FERGUSON
13. Birthplace SCOTLAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARIA Riley
15. Birthplace ENGLAND (City, town, or county) (State or foreign country)
16. (a) Informant Mary E. Koetting
(b) Address 7114 Lanham
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Collinsville, Ill.
18. (a) Signature of funeral director Vincent Hew, Jr.
(b) Address Collinsville Ill.
19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Bindeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 21 year 1948 hour 5 minute - P. M.
21. I hereby certify that I attended the deceased from Nov. 10, 1943, to Feb. 20, 1948; that I last saw her alive on Feb. 20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 mo.
Due to: Hypertension	
Due to: Ch. Myocarditis and senility	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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 J. A. Sterling (M. D. ~~or other~~)
Address Maplewood Mo. Date signed 2-21-48

Jefferson City Printing Co.

(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 Frank Prokopf

Licensed Embalmer No. 4356

P. O. Address St Louis, Mo

1819

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.