

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3578

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Williamson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Johnston City	
c. LENGTH OF STAY (In this place) 9 Days		d. STREET ADDRESS (If rural, give location) 901 North Newton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Leslie b. (Middle) Daneen c. (Last) LANNOM			4. DATE OF DEATH (Month) (Day) (Year) January 13, 1949		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 21, 1922		9. AGE (In years last birthday) 26		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner			10b. KIND OF BUSINESS OR INDUSTRY Coal mining			11. BIRTHPLACE (State or foreign country) Johnston City, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Oscar Lannom			13b. MOTHER'S MAIDEN NAME Nancy Lannom (nee Chunn)			14. NAME OF HUSBAND OR WIFE Dora		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World II		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar		ADDRESS VA Hospital, Jefferson Barracks, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TUMOR OF RIGHT OCCIPITAL LOBE OF BRAIN		ANTECEDENT CAUSES (b) (Malignant) Post Operative							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) 546 Post							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION 1/5/49		19b. MAJOR FINDINGS OF OPERATION Craniotomy						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **1/4/49**, 19___, to **1/13/49**, 19___, that I last saw the deceased alive on **1/13/49**, 19___, and that death occurred at **3:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell, M.D. Chief Professional Serv. (Degree or title)		23b. ADDRESS Vet. Adm. Hospital Jefferson Barracks, Mo.		23c. DATE SIGNED 1/13/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 14, 1949		24c. NAME OF CEMETERY OR CREMATORY Johnston City, Illinois		24d. LOCATION (City, town, or county) (State) Johnston City, Illinois	
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DATE REC'D BY LOCAL REG. 1-14-49		REGISTRAR'S SIGNATURE Thurmond Lannom M.D. MSA		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.		ADDRESS 781 1/2 S. Bowry, St. Louis, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 1 1949

FEB 5 6 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 S. Broadway

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.