

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10124**  
2648  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Clair Duport, Illinois</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>203 S. 5th.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First)	b. (Middle)	c. (Last)	March 22, 1949			
<u>MICHAEL HANNON</u>						
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 2 HRS.
		<u>Married</u>	<u>Aug. 30, 1888</u>	<u>60</u>	<u>6</u> Months	<u>22</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>Locomotive Engineer</u>		<u>Mo. Pac. R.R.</u>		<u>New Bridge, Ireland</u>		<u>U.S.A.</u>

13a. FATHER'S NAME <u>Michael J. Hannon</u>	13b. MOTHER'S MAIDEN NAME <u>Honora Haverty</u>	14. NAME OF HUSBAND OR WIFE <u>Mae Hannon</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
<u>no</u>	<u>702 18 3742</u>	<u>Mrs Mae Hannon</u>	<u>Dupo, Ill.</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL EMBOLISM</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PULMONARY INFARCT</u> DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 Mar. 21, 1949, to March 22, 1949, that I last saw the deceased alive on 22, 1949, and that death occurred at 6:59 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John T. Anderson MD</u>	23b. ADDRESS <u>1504 So Grand</u>	23c. DATE SIGNED <u>3/23/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>	24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>MAR 24 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sester</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold A. Washner</u>	ADDRESS <u>Dupo, Ill.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

M R 1-7-49

**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..... *Harold A. Washner* .....

Licensed Embalmer No. 4621 .....

P. O. Address..... Dupo, Illinois .....

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.