

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 17170  
4683

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before education). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
c. LENGTH OF STAY (in this place)				d. STREET ADDRESS (If rural, give location) <b>5592 Waterman Ave.,</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5592 Waterman Ave.,</b>				d. STREET ADDRESS (If rural, give location) <b>5592 Waterman Ave.,</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Margaret</b>		b. (Middle)		c. (Last) <b>Concannon,</b>	
4. DATE OF DEATH		(Month) <b>May</b>		(Day) <b>27</b>		(Year) <b>1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Oct. 17, 1872</b>		9. AGE (In years last birthday) <b>76</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Thomas Grinsell</b>			13b. MOTHER'S MAIDEN NAME <b>Winifred Mc. Dermott</b>		14. NAME OF HUSBAND OR WIFE <b>Patrick J. Concannon</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leo Concannon 5592 Waterman Ave.,</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-Sclerotic Heart Disease, unknown</b> DUE TO (c) <b>Abdominal Tumor, Cause uncertain</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>St. Louis</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>2120 H-200</b>					
22. I hereby certify that I attended the deceased from <b>3-7-</b> 19 <b>49</b> , to <b>5/27</b> , 19 <b>49</b> that I last saw the deceased alive on <b>5/27</b> , 19 <b>49</b> , and that death occurred at <b>5.15 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (In degree or title) <b>Jessie Gross Krutz, MD</b>				23b. ADDRESS <b>3601 Canina St - St. Louis Mo</b>		23c. DATE SIGNED <b>5/27/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 30, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL <b>MAY 28 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Fasaler</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Cullinane Bros. 3320 N. Kingshighway</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed.....  
Student Embalmer

Signed *Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.