

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1949

State File No. **31772**
8313
Registrar's No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY-REG. DIST. NO. <u>1003</u>		State File No. 31772		
1. PLACE OF DEATH a. COUNTY <u>St. Louis MO.</u> <u>#608</u> FRANKS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>11</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4608 Evans ave</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4608 Evans ave</u>				d. STREET ADDRESS (If rural, give location) <u>4608 Evans ave</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) _____ c. (Last) <u>Gann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-23-49</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 1, 1893</u>		
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u>		IF UNDER 6 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Max Gann</u>			13b. MOTHER'S MAIDEN NAME <u>Mary McKnight</u>		14. NAME OF HUSBAND OR WIFE <u>Babe Gann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Babe Gann</u> ADDRESS <u>4608 Evans</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Bronchectasis</u> DUE TO (c) <u>Chronic Myeloiditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>930</u>		21f. HOW DID INJURY OCCUR? <u>4772</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept. 1</u> , 19 <u>49</u> , to <u>Sept 23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 23</u> , 19 <u>49</u> and that death occurred at <u>10</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Ray Compton M.D.</u>			23b. ADDRESS <u>6122 Page Bldg</u>			23c. DATE SIGNED <u>9/26/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>		
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>J. B. Basater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atty English 4602 2931 Lucas</u>				

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.....

Burlin English
4208

.....

Student Embalmer

Licensed Embalmer No.

P. O. Address *2931 So. ...*

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.