

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38959

Registrar's No. 10036

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|---|--|---|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. <u>10036</u> | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Missouri</u> | | | c. LENGTH OF STAY (In this place) _____ | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6116 Adkins Ave.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6116 Adkins Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Archie E. Lannon</u> | | b. (Middle) _____ | | c. (Last) _____ | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1949</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ | |
| 8. DATE OF BIRTH <u>Jan. 19, 1893</u> | | 9. AGE (In years last birthday) <u>56</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Asbestos worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>Michael E. Lannon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Dacey</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hilda Lannon</u> | | _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> | | 16. SOCIAL SECURITY NO. <u>World War I</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Lannon</u> | | ADDRESS <u>6116 Adkins</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Hypertensive Heart</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 year</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>yes</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>Mo.</u> | | 21f. HOW DID INJURY OCCUR? <u>H/201</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>Nov 1, 1949</u> , to <u>Nov 20, 1949</u> , that I last saw the deceased alive on <u>NOV 19, 1949</u> , and that death occurred at <u>515p.</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>7609 Jones</u> | | 23c. DATE SIGNED <u>11/20/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-23-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jefferson Brks, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>NOV 22 1949</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> | | ADDRESS <u>6322 S. Grand Blvd.</u> | |

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

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Dr. O. J. McNamee

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 *David Van Tossan*

Licensed Embalmer No. *4242*

P. O. Address *6322 Hubbard*

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.