

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42339

318

1003

State File No. _____

10751

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>4053 Finney</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hosp - 211</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 9 49</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William H</u> b. (Middle) <u>GANNON</u> c. (Last) | | 5. SEX <u>M</u> 6. COLOR OR RACE <u>Col</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>1-19-1893</u> | | 9. AGE (In years last birthday) <u>56</u> If under 1 year: Months _____ Days _____ If under 12 mos. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>LITTLE ROCK ARK</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 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 <u>Hattie Sanders</u> ADDRESS <u>3932 Juniper</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) | | 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>Broncho Pneumonia</u> | |
| DUE TO (c) <u>Empyema</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" 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>110</u> | | 21f. HOW DID INJURY OCCUR? <u>518X</u> | |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:40 P m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Patric E Taylor Esq</u> | | 23b. ADDRESS <u>1300 Clark</u> | |
| 23c. DATE SIGNED <u>12 14 49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-17-49</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>DEC 14 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Parson</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Manuel and</u> | | ADDRESS <u>4059 Juniper</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.

Student

Student Embalmer

Signed *Ralph W. Hender*

Licensed Embalmer No. *379*

P. O. Address *St. Louis*

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

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