

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6287**
Registrar's No. **1279**

BIRTH NO. **5 1952** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

FILED MAR

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) Louis MO		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL, and give township) St Louis 2259		d. STREET ADDRESS (If rural, give location) 1402 N. 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hosp - 2		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Lillie		b. (Middle)	c. (Last) ANNON
4. DATE OF DEATH (Month) (Day) (Year) 2-4-52			
5. SEX F	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ?
9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MISS		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE HENRY GANNON
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 BESSIE KIMBROUGH #1912 GOOD	
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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 20 69 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR H222	
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 345A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. Perry		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2/9/52
24a. BURIAL CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-11-52	24c. NAME OF CEMETERY OR CREMATORY OAK DALE CEMETERY	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
DATE REC'D BY LOCAL REG. FEB 9 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GUS HOWE 2930 DICKSON	

mxB (Licensed Embalmer's Statement on Reverse Side)

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 _____

Students of Mostuary College Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed James G. Lammer

Licensed Embalmer No. 4142

P. O. Address St Louis

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.