

KC 1372100

R 18224 SL 9908

SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

22220

7883

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. Grand, St. Louis</b>		c. CITY OR TOWN <b>Ferguson</b> <b>4109</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>		d. STREET ADDRESS <b>6120 Payne</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>McCann</b> Last <b>McCann</b>		4. DATE OF DEATH <b>8-25-56</b> Month <b>8</b> Day <b>25</b> Year <b>56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-21-86</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>70</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and state or country) <b>Grennsburg, Pa.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>James Mc Cann</b>	
14. MOTHER'S MAIDEN NAME <b>Henrietta Wilkins</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>	
16. SOCIAL SECURITY NO. <b>161184020</b>		17. INFORMANT <b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</b> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute pulmonary edema</b> DUE TO (b) <b>Myocardial infarction</b> DUE TO (c) <b>420.1</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Gastric resection for gastric ulcer</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Unk.</b> <b>Unk.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour <b>1:25</b> Month <b>8</b> Day <b>25</b> Year <b>56</b> a. m. <b>A</b> p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>		COUNTY <b>St. Louis</b> STATE <b>Missouri</b>	
21. He attended the deceased from <b>8-8-56</b> to <b>8-25-56</b> and last saw <b>him</b> alive on <b>8-25-56</b> Death occurred at <b>1:25 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Jas. M. Lamsche</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	
22c. DATE SIGNED <b>8-25-56</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>8/27/56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>	
23d. LOCATION (City, town, or county) <b>Jefferson Barracks, Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>Edward Fendler Mortuary</b> ADDRESS <b>5611 S Grand B.</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 27 1956</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b> <b>mjb</b>			

(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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harry J. Schum*.....

Licensed Embalmer No. *267*

P. O. Address *5611 F. G.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.