

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034230

STATE FILE NUMBER 8731

FILED OCT 3 1958

318

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Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN East St. Louis	
35 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vets Hospital		Length of stay in lb 2 hours	
3. NAME OF DECEASED (Type or print) First MIDDLE Last JOSEPH GANAWAY		4. DATE OF DEATH Month Day Year 9-5-58	
5. SEX male 2	6. COLOR OR RACE colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-19-1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY general	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Peter Ganaway		14. MOTHER'S MAIDEN NAME Mildred Wilson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW#2		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT VA Hosp. Records		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) External Hemorrhage, following stab wound of left armpit. Procaine Anesthesia DUE TO (b) DUE TO (c) CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.			INTERVAL BETWEEN ONSET AND DEATH E982X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) thru (c). Support in addition to East St. Louis, Illinois on			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18). Open Verdict Car accident Sept 5, 1958. Cause and manner of same could not be determined			
20c. TIME OF INJURY Hour Month, Day, Year a. m. 9 5 58 p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 37 East St. Louis Ill	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 4:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Patrick C. Taylor Coroner 3		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 9.9.58			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 9-6-58	
23c. NAME OF CEMETERY OR CREMATORY Wellsville Cemet.		23d. LOCATION (City, town, or county) (State) Wellsville, Mo.	
24. FUNERAL DIRECTOR Wells, Wellsville, Mo.		25. DATE RECD. BY LOCAL REG. SEP 9 '58	
		26. REGISTRAR'S SIGNATURE Carl Smith MO m8B	

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Harvey J. [Signature]

Licensed Embalmer No. 459

P.O. Address *Floussa*

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.