

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8620**
Registrar's No. **2030**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **4814 Easton Ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Thomas F. Gannon**
(b) If veteran, name war.....
(c) Social Security No. **None**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Sadie Gannon**
(c) Age of husband or wife if alive **50** years
7. Birth date of deceased **Oct. 14 1886**
(Month) (Day) (Year)

8. AGE: Years **54** Months **4** Days **15**
If less than one day hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**
11. Industry or business **Unemployed**

MOTHER FATHER {
12. Name **Peter Gannon**
13. Birthplace **Nashville Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Christine Tice**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sadie Gannon**
(b) Address **4814 Easton Ave.**
17. (a) **Burial** (b) Date thereof **3 - 4 - 41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Olive Cem. Cullinane Bros.**

18. (a) Signature of funeral director **1810 N. Grand Blvd.**
(b) Address
19. (a) **MAR 3 1941** (b) **J. G. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **6 17 9**
(d) Street No. **4814 Easton Ave.**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1**
year **1941** hour **11** minute **45** P.M.
21. I hereby certify that I attended the deceased from **Jan 3**
1941 to **Mar 1 1941**
that I last saw him alive on **Mar 1 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Duration **?**

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **A3e**
Of autopsy **1**
PHYSICIAN **M. D. J. G. Bredbeck**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) **0**
(e) Manner of injury.....
23. Signature **John G. McGowan** (M. D. or other) **MD**
Address **5014 Thibault** Date signed **3/3/41**

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

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Fred Trick

..... Licensed Embalmer No. 3186

..... P. O. Address St. Louis, Mo.

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.