

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Days** (Specify whether
in this community **15 Years**. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **ONO**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **26**
(d) Street No. **3917 N. 19th. St.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**,
year **1941** hour **12:45** minute _____ P. M.
21. I hereby certify that I attended the deceased from **May**
23, 19 **41** to **May 29**, 19 **41**
that I last saw him alive on **May 29**, 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of the Transverse Colon

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within _____ months of death)

Major findings:
Of operations _____

Of autopsy **Gastro-Int. Fistula**

PHYSICIAN

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? **Mo.**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Harold Freedman** (M. D. or other) _____
Address **1515 Lafayette Avenue** Date signed **5/29/41**

3. (a) PRINT FULL NAME **Claude Fann**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **489-10-9959**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Gertrude Fann** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased: **June 25 1881**
(Month) (Day) (Year)

8. AGE: Years **59** Months **11** Days **4** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Night Watchman**

11. Industry or business **John Deere Plow Co.**

12. Name **Joseph Fann**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Leona Jones**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gertrude Fann**

(b) Address **3917 N. 19th. St.**

17. (a) **Burial** (b) Date thereof **6-1-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Cem. Belle, Mo.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **MAY 30 1941** (b) **J. T. Brudick**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

00
17
9

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Homer L Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave.

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.