G14845
S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 1 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25847

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 7081

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6Mos. 7Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County ---17---
(c) City or town St. Louis 6 22
(If outside city or town limits, write "RURAL")
(d) Street No. 1213 Hickory
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No 0

3. (a) PRINT FULL NAME James Roy Gannon

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opal Ruth Gannon
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased August (Month) 9 (Day) 1877 (Year)

8. AGE: Years 65 Months ---- Days 11 If less than one day hr. min.

9. Birthplace Sandoval (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business For Self
FATHER
12. Name James Madison
13. Birthplace Xenia (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Julia Ann Brown
15. Birthplace Red Bud (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs A Nowlan
(b) Address 2705 Residence St. Alton, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cemetery, Alton, Illinois.
18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Ill.
19. (a) AUG 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20, year 1942 hour 11:32 minute P. M.
21. I hereby certify that I attended the deceased from February 13, 1942, to August 20, 1942 that I last saw him alive on August 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis with cerebral arteriosclerosis

Due to

Due to 97

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature John E. Mikosich (M. D. or other) M.D.
Address 1515 Lafayette Ave. Date signed 8/20/42

(Licensed Embalmer's Statement on Reverse Side)

1802

1802

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~~ Robert H. Streeper, Registered Apprentice No. , working under my personal supervision.

Signed Robert H. Streeper.

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.