

No. 2
-5-42
-17-39
X32873

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

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:
City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32yr 9m 6ds.
(Specify whether years, months or days)

In this community 55 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5300 Arsenal
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Ireland

3. (a) PRINT FULL NAME ANN GANNON

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced sgl.

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>abt 75</u>	-	-	hr. min.

9. Birthplace not known Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name unknown Ireland 4

13. Birthplace unknown Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown Ireland 4
(City, town, or county) (State or foreign country)

15. Birthplace unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Singer

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof 10/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. L. Moore

(b) Address 2115 E. Grand Blvd.

19. (a) OCT 23 1943 (b) J. F. Prudick
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1943 hour 2.15 minute a. M.

21. I hereby certify that I attended the deceased from July 1st. 1936 to Oct. 23, 1943 1943
that I last saw h. er alive on Oct. 22, 1943 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Left Cerebro-vascular-accident
Due to Generalized Arteriosclerosis
1936x

Due to _____

Other conditions 850
(Includes pregnancy within 3 months of death)

Major findings: 850
Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature W. L. Moore (M. D. or other) M.D.
Address 5400 Arsenal St Date signed 10/23/43

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.

Not Embalmed.

Signed..... *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. 5th St.*

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.