V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32659

FILED NOV 10 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9293

1. PLACE OF DEATH:

(a) County

(b) City or town ST, Louis, MO. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Isolation Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-2-44/10-30-44 (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ST, Louis, MO (If outside city or town limits, write "RURAL")

(d) Street No. 6124 Pershing (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas S. O'Bannon

3. (b) If veteran, name war

3. (c) Social Security No. 279-05-1683

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife DOROTHY

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July (Month) 29 (Day) 1870 (Year)

8. AGE: Years 74 Months 3 Days 1 If less than one day hr. min.

9. Birthplace ST, Louis, MO (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER

12. Name John O'Bannon

13. Birthplace ST, Louis, MO (City, town, or county) (State or foreign country)

14. Maiden name Hanna Shields

15. Birthplace ST, Louis, MO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dorothy O'Bannon

(b) Address 6124 Pershing ST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar

19. (a) NOV 1 1944 (Date received local registrar) J. F. Breleck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 30 year 1944 hour 9 minute 20p M.

21. I hereby certify that I attended the deceased from 10/2/44, 1944, to 10/30/, 1944; that I last saw him alive on 10/30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary

Due to

Due to

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 R W Maxwell (Dr Case M.D.) (M. D. or other)

Address Isolation Hosp Date signed 10/30

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCulloh

Licensed Embalmer No. 2766

P. O. Address 6175 Dumal

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.

e

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of City St. Louis }

State File No. 5

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9293

On this 10 day of November, 1944, before me appears Dorothy O'Bannon, who, upon her oath, states that the original record of birth death for Thomas S. O'Bannon, died born Oct. 30-1944, 19..., in the State of Missouri, and which was filed at St. Louis on II-I-1944, 19..., should be corrected as follows:

Item No. 3 should read Thomas S. O'Bannon
Instead of Thomas O'Bannon

Item No. 12 should read John O'Bannon
Instead of John O'Bannon

Item No. 6e should read age 1064
Instead of

Item No. ..... should read
Instead of

Item No. ..... should read
Instead of

Item No. ..... should read
Instead of

Item No. ..... should read
Instead of

Item No. ..... should read
Instead of

Item No. ..... should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Dorothy M. O'Bannon Wife
Relationship.

6124 Pershing
Present Address.

Subscribed and sworn to before me this 10 day of Nov., 1944.

My Commission expires My Commission Expires March [illegible] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
I X36929