S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18848

FILED MAY 29 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5102

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston
(If outside city or town limits, write "RURAL")

(d) Street No. N.R.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Stokes Gann

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Electra Irene Gann

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

7. Birth date of deceased July (Month) 3 (Day) 1877 1873 (Year)

8. AGE: Years 69 ~~73~~ Months 10 Days 17 If less than one day br. min.

9. Birthplace Vienna (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Lumberman

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Miss Mildred Gann

(b) Address 3519a Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-47 (Month) (Day) (Year)

(c) Place: burial or cremation East Prairie, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 21 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1947 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from 6/8 1946 to 19 ; that I last saw him alive on 5/20 47 ; and that death occurred on the date and hour stated above.

Immediate cause of death Intercranial hemorrhage

Due to arteriosclerosis

Due to Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 W. A. Koenig (M. D. or other)

Address 415 Lister Bldg Date signed 5/21

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

Jefferson City Printing Co.

(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 John S. Denisky

Licensed Embalmer No. 4194

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13 day of June, 1947, before me appears Miss Mildred Gann, who, upon her oath, states that the original record of death for Henry Stokes Gann died May 20, 1947, in the State of Missouri, and which was filed at St. Louis on May 21, 1947, should be corrected as follows:

Item No. 7 should read July 3, 1877
Instead of July 3, 1873

Item No. 8 should read 69 yrs - 10 mo. - 17 da.
Instead of 73 yrs. - 10mo. - 17da.

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)

X Affiant Mildred Gann X Daughter
Relationship.

X 3519a Arsenal
Present Address.

Subscribed and sworn to before me this 13 day of June, 1947

My Commission expires Oct. 24, 1947 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

S-18848