

FILED MAY 29 1947  
378

Registration District No. Primary Registration District No. 1003 Registrar's No. 5059

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

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:  
5744a McPherson  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Inez S. Ganoung  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Dr. Bloom Warren Ganoung 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 21, 1864  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	9	28	hr. min.

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

10. Usual occupation Nil

MOTHER FATHER {  
 11. Industry or business \_\_\_\_\_  
 12. Name Wellington Smith  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Julia Richmond  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lorena Rathell  
 (b) Address 5744a McPherson

17. (a) Cremation (b) Date thereof 5/21/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory  
 18. (a) Signature of funeral director Edith E. Ambruster  
 (b) Address 4234 Manchester

19. (a) MAY 20 1947 (Date received local registrar's certificate)  
J. F. Brodeek (Registrar's signature)

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. 5744a McPherson  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1947  
 year. 6.30 hour. A.M. minute. M.

21. I hereby certify that I attended the deceased from 5-10 1947, to 5-20 1947  
 and that death occurred on the date and hour stated above.  
 that I last saw W alive on 5-18-47.

Immediate cause of death Cerebral Occlusion  
Arterio Sclerosis

Due to Hypertension  
Chronic myocarditis

Other conditions 930  
 (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?

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 0

23. Signature J. F. Brodeek (M. D. or other) MD  
 Address 5899 Delmar Date signed 5/20/47

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**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.....

*Flora Eynck*

Licensed Embalmer No.....1281.....

P. O. Address.....  
St. Louis, Mo.

**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.**