

FILED MAR 8 1952

STANDARD CERTIFICATE OF DEATH

6394  
State File No. 1663  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1663

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hgts. 4565	
c. LENGTH OF STAY (If this place) 5 days		d. STREET ADDRESS (If rural, give location) 7401 Arlington Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) EDWARD	
		c. (Last) GANNON	
4. DATE OF DEATH Feb. 20th 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 13, 1902
9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR Months 1	11. IF UNDER 1 HR. Hours 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Law	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank A. Gannon		13b. MOTHER'S MAIDEN NAME Mary A. Larkin	
14. NAME OF HUSBAND OR WIFE Mary Mae Gannon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-28-6236	
17. INFORMANT'S SIGNATURE OR NAME Mary Gannon		ADDRESS 7401 Arlington Dr.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cordial Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 yr		5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR HH2K			
22. I hereby certify that I attended the deceased from July, 1951, to Feb. 20, 1951, that I last saw the deceased alive on Feb 20, 1951, and that death occurred at 6:12 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Robert M. Launch (Degree or title) M.D.		23b. ADDRESS 4952 Maryland	
23c. DATE SIGNED 20 Feb 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 23 1951	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Feb 21 1952 J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Boeklage 6536 Clayton Rd.	

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....  
*John S. Kennedy*  
Licensed Embalmer No..... *4199*  
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.