

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9967**
2271
Registrar's No. **2271**

FILED MAR 29 1952
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place) 1 DAY	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		d. STREET ADDRESS (If rural, give location) 25 ANNEX-HOTEL 615 WALNUT	
3. NAME OF DECEASED a. (First) THOMAS (Type or Print)		b. (Middle) R	
c. (Last) GANN		4. DATE OF DEATH (Month) (Day) (Year) 3 8 52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH UNKNOWN
9. AGE (In years last birthday) ? 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL WORKER	
11. BIRTHPLACE (State or foreign country) UNKNOWN		12. CITIZENSHIP OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME UNKNOWN GANN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE NONE		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 329-10-1849		17. INFORMANT'S SIGNATURE OR NAME JOE COUSIN	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) P ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobar Pneumonia DUE TO (c) right with Abscess II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lamiation	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H 90 X		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE Reg. M. J. ...		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3/11/52		24a. NAME OF CEMETERY OR CREMATORY ST. MATHEWS CEMETERY	
24b. DATE 3-12-52		24c. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
24d. DATE REC'D BY LOCAL REG. MAR 11 1952		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH	
25. FUNERAL DIRECTOR'S ADDRESS 7456 MANCHESTER MAPLEWOOD MO		26. (Licensed Embalmer's Statement on Reverse Side)	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed A. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.