

No. 300 FILED APR 25 1952  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14280**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3230**

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)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>3848 BAMBERGER</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>JOHN</b>		(Month) (Day) (Year) <b>APRIL 3, 1952</b>	
b. (Middle) <b>CHRISTOPHER</b>		c. (Last) <b>GANNON</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 29, 1873</b>
9. AGE (In years last birthday) <b>78</b>		10. KIND OF BUSINESS OR INDUSTRY <b>UNION OFFICIAL</b>	11. BIRTHPLACE (State or foreign country) <b>DECATUR ILL</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED SFRATERY</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>WILLIAM GANNON</b>		13b. MOTHER'S MAIDEN NAME <b>BARBARA GARVER</b>	
14. NAME OF HUSBAND OR WIFE <b>DOLLIE F. GANNON</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>491-16-6768</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Dollie Gannon</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of colon (hepatic flexure)</b> INTERVAL BETWEEN ONSET AND DEATH	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>152X</b>		22. I hereby certify that I attended the deceased from <b>2-28-52</b> , 19___, to <b>4-3-52</b> , 19___, that I last saw the deceased alive on <b>4-3-52</b> , 19___, and that death occurred at <b>9:30P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Donald T. Behrens Jr. D.O.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
23c. DATE SIGNED <b>4-4-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>April 7, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Pickers Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Robert L &amp; U. Co</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 7 1952</b>		ADDRESS <b>1905 S Grand Blvd.</b>	

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ronald O. Yahrke*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3917*

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.