S. No. 300
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FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25665

BIRTH NO. 49579-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1514

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rich Hts Mo
c. LENGTH OF STAY (in this place) 45 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Marys Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rich Hts Mo 4485
d. STREET ADDRESS (If rural, give location) 7230 Wise Ave

3. NAME OF DECEASED (Type or Print)
a. (First) BABY
b. (Middle) BOY
c. (Last) GANNAWAY

4. DATE OF DEATH (Month) June (Day) 23 (Year) 54

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH 22 June 54
9. AGE (In years last birthday) — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and State or Foreign Country) Rich Hts Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Richard Gannaway
13b. MOTHER'S MAIDEN NAME Alice Runyon
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Richard Gannaway 7230 Wise Ave ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, bilateral

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7620
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 June, 1954, *to* 23 June, 1954, *that I last saw the deceased alive on* 23 June, 1954, *and that death occurred at* 12:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl J. Dreyer MD (Degree or title)
23b. ADDRESS 1695 Brentwood Blvd.
23c. DATE SIGNED 6-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 28 1954
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem
24d. LOCATION (City, town, or county) St Louis Cty Mo (State)

DATE REC'D BY LOCAL REG. 6-28-54
REGISTRAR'S SIGNATURE Herbert R. Domke, MD
25. FUNERAL DIRECTOR'S SIGNATURE Clt Bockrage 6536 Clay Cor Rd ADDRESS Rich Hts 17 Mo

(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 Not Embalmed ASHB

Licensed Embalmer No.....

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.