

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3136

State File No.

FILED FEB 10 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>	c. LENGTH OF STAY (in this place) <u>25 yrs.</u>	c. CITY OR TOWN <u>4346 University City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7244 Forsyth</u>		e. STREET ADDRESS (If rural, give location) <u>7244 Forsyth</u>	

3. NAME OF DECEASED (Type or Print) Elizabeth (Bess) V Gannon			4. DATE OF DEATH (Month) (Day) (Year) Jan. 20th. 1956		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	

8. DATE OF BIRTH <u>Dec. 2nd. 1883</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	
11. BIRTHPLACE (City and State or Foreign Country) / <u>Fairport New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Martin Gannon</u>	

13b. MOTHER'S MAIDEN NAME <u>Ann Prendergast</u>		14. NAME OF HUSBAND OR WIFE <u>single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F.R. Gadd</u>		ADDRESS <u>7244 Forsyth U.C.</u>	

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. <u>no</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Hypertension</u> ANTECEDENT CAUSES <u>Cardio Vascular Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis with</u> DUE TO (c) <u>Cardiac Hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS <u>no</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 - 5 months</u> <u>3 1/2 - 5 months</u>	
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19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no</u>	
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22. I hereby certify that I attended the deceased from 8-1-, 1952, to 1-20-, 1956, that I last saw the deceased alive on 1-19- 1956, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. McDonnell</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4390 N. Vine</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Jan. 23-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	

24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>		23c. DATE SIGNED <u>1-20-56</u>	
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DATE REC'D BY LOCAL REG. <u>1-21-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donabedian</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnelly 3840 Lindell Blvd.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1925

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.....
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *356*

P. O. Address *3870*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.