

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10690

XC-REG. NO. 15172
SL-9348

FILED APR 10 1956

State File No.

318

1003

3174

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a-STATE ILLINOIS		b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN 915 N.GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 8 DAYS		c. CITY OR TOWN MADISON	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		e. STREET ADDRESS (If rural, give location) 205 MADISON AVENUE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) FERDINAND		b. (Middle) J.		c. (Last) FANNING		4. DATE OF DEATH (Month) (Day) (Year) 3-27-56	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH 8-31-07	
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) JACKSONVILLE, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOSEPH FANNING		13b. MOTHER'S MAIDEN NAME MAGGIE KELLY		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) YES WW II		16. SOCIAL SECURITY NO. 350 09 3095		17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, 915 N.GRAND, ST. LOUIS, MO.		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE G.I. HEMORRHAGE				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) LAENNEC'S CIRRHOSIS				UNKNOWN	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 581.1				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?			

22. I hereby certify that I attended the deceased from **3-19**, 19**56**, to **3-27**, 19**56**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Carl H. Calman, M.D.		23b. ADDRESS VAH, 915 N.GRAND, ST. LOUIS, MO.		23c. DATE SIGNED 3-27-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-30-56		24c. NAME OF CEMETERY OR CREMATORY Murrayville, Ill.		24d. LOCATION (City, town, or county) (State) Madison Illinois	
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DATE REC'D BY LOCAL REG. MAR 29 1956		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE John J. Sedack		ADDRESS MADISON, ILL.	
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed
by me, or by, Student Embalmer No. ⁹⁷⁴.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John T. Sedlach*.....
Licensed Embalmer No. ²⁷⁴.....

P. O. Address *MARISAN*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.