

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44430  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Clayton Primary Registration District No. 101 Registered No. 2140  
(c) City Clayton (d) Street No. St. Louis County Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alfred Cannon, Jr.

(a) Residence, No. King & Bangert, S. Kinloch, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/18/1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 0 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

13. NAME Alfred Cannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

15. MAIDEN NAME ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) niece, Susie Dawkins  
4051 Cook Av. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk. DATE 1/3/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mary Wade  
4202 Finney av. St. Louis

20. FILED DEC 31 1938 DR Mary M. O. Rapp Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/2/38, 19 to 12/29/38, 19

I last saw him alive on 12/29/38, 19. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis and myocardial degeneration (cardiac failure)

Date of onset Nov. 4, 1938

Other contributory causes of importance: gsc

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify (Signed) Donald R. Roberts, M. D.  
(Address) County Hospital, Clayton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

---

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

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, above space should be left blank.**