

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo., 8 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis, Mo. 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. 217 W. Sarah St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Henry Canoy

3. (b) If veteran, name war None  
3. (c) Social Security No. 702-09-7941

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertie Canoy  
6. (c) Age of husband or wife if alive 5-2 years  
7. Birth date of deceased Oct 13 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 1 11 hr. 0 min.

9. Birthplace Rolf, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Wabash, R. R.

12. Name John Canoy

13. Birthplace Rolf, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Sullivan

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Seymour Canoy

(b) Address Thousand Mt.

17. (a) Burial (b) Date thereof 11-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John, Nov. 27/40

18. (a) Signature of funeral director E. S. Platter

(b) Address 5966 Creston Ave.

19. (a) NOV 22 1940 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24,  
year 1940 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from October 16, 1940, to November 24, 1940  
that I last saw him alive on November 24, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver, Portal  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Essential hypertension  
(Include pregnancy within 3 months of death)  
fatal

Major findings:  
Of operations \_\_\_\_\_

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature R. J. Maxwell (M. D. or other) 11/26/40  
Address 1515 Lafayette Ave. Date signed

PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 \_\_\_\_\_,  
\_\_\_\_\_, 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.**