

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

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

8. (a) PRINT FULL NAME Walter Cannon

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Maggie V. Cannon 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased 3 23 1865
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 8 26 hr. min.9. Birthplace Tuscomb, Ala.
(City, town, or county) (State or foreign country)10. Usual occupation Railroad porter (retired)

11. Industry or business _____

MOTHER { 12. Name Phillip Cannon
13. Birthplace ? Ala.
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace ? Ala.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Walter Cannon
(b) Address 755a Walton17. (a) Burial (b) Date thereof 12/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cemetery18. (a) Signature of funeral director Russell Ind., Co.(b) Address 2732 Pine Street19. (a) DEC 21 1940 (b) J. F. Brudeck
(Recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
 (d) Street No. 755a Walton
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1940 hour 1:58 minute A.M.21. I hereby certify that I attended the deceased from December 11, 1940, to December 19, 1940;
that I last saw him alive on December 19, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Bladder Abt. 1 yr
Duration
History

Due to _____

Due to 51Other conditions 51
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (a) Means of injury _____

23. Signature K. F. Fletcher (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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..... *Joel Russell*

Licensed Embalmer No. *9112*

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.