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JUL 15 1942

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1942

Registration District No. 784 Primary Registration District No. 115

State File No. 22227

Registrar's No. 1368

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
residence -7575 Stanford Blv'd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7575 Stanford Blv'd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME CLARA BELLE CANNON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William H. Cannon

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March (Month) 1 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	3	22	hr. min.

9. Birthplace Taswell County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Edwin Hull Roberts
13. Birthplace unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Angeline Hittle
15. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant William H. Cannon

(b) Address 7575 Stanford Blv'd., U. City

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Pittsfield, Illinois

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) JUN 24 1942 (Date received local registrar) (b) E G McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1942 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from several years 1937 to June 23 1942
that I last saw her alive on June 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions arterial sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature D. R. Parmair (M. D. or other)

Address 3903 Olive Date signed 6/23-42

707

(Licensed Embalmer's Statement on Reverse Side)

Dr. Parman
JE-6500
3909 Olive Street
7162 Waterman Blv'd.-residence

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, M

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, fact should be so stated above.