

No. 2  
12-45  
17-39  
X47070

**FILED SEP 16 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7780**

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

**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—Max C. Starkloff**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **CLARENCE CANDA**

**3. (b) If veteran, name war** **Canadian Army World War #1**

**3. (c) Social Security No.**.....

**4. Sex** **Male** **5. Color or race** **White**

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

**6. (b) Name of husband or wife** **Edna**

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

**7. Birth date of deceased** **Feb. 4 1881**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
65	9	2	..... hr. .... min.

**9. Birthplace** **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Painter**

**11. Industry or business**.....

MOTHER FATHER

**12. Name** **Michael Canda**

**13. Birthplace** **Unknown Unknown**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Elizabeth Teel**

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

**16. (a) Informant** **Emma Kuntzman**

**(b) Address** **4420 Gravois Ave.**

**17. (a) Burial** **9/9/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **New Picker Cemetery**

**18. (a) Signature of funeral director** **Wacker Wilder**

**(b) Address** **3634 Gravois Ave.**

**19. (a) SEP 9 1946** **(b) J. A. Bredesh**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Missouri** (b) County..... **000**

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4420 Gravois Ave.**  
**Memorial**  
(If rural, give location)

(e) Citizen of foreign country?.....  
 If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Sept.** day **6th**  
 year..... **1946** hour..... **8:20** minute..... **P** M.

**21. I hereby certify that I attended the deceased from** **9/1/46**  
 that I last saw him alive on **Sept. 6th**  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**.....  
**Pulmonary tuberculosis, FA**

**Due to**.....

**Due to**.....

**Other conditions**.....  
(Include pregnancy within 3 months of death)

**Major findings:**.....  
 Of operations.....

**Of autopsy**.....

**Duration**.....  
**13 years**

**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?.....  
 Means of injury.....

**23. Signature** **Robert L. Steadman**  
**1515 Lafayette** **9/7/46**  
(City or town) (State) (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..... *Robert Wheeler*

Licensed Embalmer No. *2178*

P. O. Address *St Louis Mo*

**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.**