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M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31623

State File No.

Registrar's No.

7736

FILED SEP 16 1946

Registration District No.

Primary Registration District No.

1003

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

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:
Firmin Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days) XXXXX 16 years

3. (a) PRINT FULL NAME Robert Canterbury

3. (b) If veteran, name war..... no
3. (c) Social Security No..... no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased. February 25th, 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 6 11 hr. min.

9. Birthplace. Ironton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business.....

MOTHER FATHER

12. Name Otis Canterbury

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

14. Maiden name Bernice Taylor

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Otis Canterbury

(b) Address High Ridge Mo

17. (a) Burial (b) Date thereof Sept 9th, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marous

18. (a) Signature of funeral director Henry L. Widemuth

(b) Address 6205 Gravois Ave.

19. SEP 7 1946 (b) J. Buderer
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 50
(c) City or town..... High Ridge Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or/No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month September day 6
year 1946 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from
3 Sept 46 1946 to 6 Sept 1946
that I last saw him alive on 6 Sept 1946
and that death occurred on the date and hour stated above.

Immediate cause of death..... Congestive Heart Failure with ascites
Duration 4 hrs

Due to.....
Due to..... 12 H

Other conditions: Chronic of Liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy Patent Foramen Ovale
Chronic of Liver

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

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
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 Russell W. Gilbert (M. D. or other) M.D.
Address 1325 S. Grand Date signed 9/6/46

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..... *Albert G. Hopper*

Licensed Embalmer No. *2971*

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, fact should be so stated above.