S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25380

Registration District No. 313 — Primary Registration District No. 1003 — Registrar's No. 6554

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: Peoples Hospital
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 755a Walton Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret V. Cannon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Walter Cannon

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

7. Birth date of deceased March 29, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	3	11	hr. min.

9. Birthplace Hot Springs, Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name John Alexander

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

14. Maiden name Hannah

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

16. (a) Informant Margaret C. Myers

(b) Address 755a Walton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) JUL 11 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9 year 47 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7.4.1947, 19..., to 7.9.1947 19...; that I last saw her alive on 7.5.1947 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Heart failure

Due to (b) Chr. Myocarditis

Due to (c) Arteriosclerosis Cerebrovascular accident

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause of 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 S. R. Barrett (M. D. or other) M.D.

Address 2835 Easton Ave. Date signed 7.11.47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.