S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32388

Registrar's No. 8530

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

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Infirmary Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/4/45 to 9/7/47 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. 9
(If rural, give location)

13 0

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

If yes, name country

3. (a) PRINT FULL NAME Robert Cannon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 17th 1864 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	3	19	hr. min.

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

10. Usual occupation Odd Jobs

11. Industry or business

FATHER
12. Name Nelson Cannon

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

MOTHER
14. Maiden name Louise Fox

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

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

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Chas J. Gatto

(b) Address 4107 Finney Avenue

19. (a) SEP 9 1947 (Date received local registrar) (b) J. D. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, 7 day

year 1947 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1 1947 to Sept, 7, 1947 that I last saw him alive on Sept, 7 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardiac failure

Hypertensive cardiovascular dis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature Warren C Lewis (M. D.)

Address 5600 Arsenal Date signed 9-8-47

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 Thomas J. Gates, Registered Apprentice No. ....., working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.