

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20858**  
**3145**  
Registrar's No. \_\_\_\_\_

FILED JUN 27 1949

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>20858</b> <b>3145</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>0</b> (township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>222 2120 a Spruce</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ethel</b>		b. (Middle) <b>Holmes</b>		c. (Last) <b>Cannon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 8b 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 5, 1893</b>		
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Henry Wherry</b>			13b. MOTHER'S MAIDEN NAME <b>Gertrude McHenry</b>			14. NAME OF HUSBAND OR WIFE <b>James Cannon</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James Cannon, 2120 Spruce</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Breast with Metastases</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b>						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>50</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>170X</b>				
22. I hereby certify that I attended the deceased from <b>6-2</b> <sup>10</sup> <b>49</b> , to <b>6-8</b> , 1949, that I last saw the deceased alive on <b>6-8</b> , 1949, and that death occurred at <b>5 P</b> <sup>10</sup> <b>m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Charles Frazier M. D. O</b>				23b. ADDRESS <b>2601 N Whittier.</b>		23c. DATE SIGNED <b>6-9-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 13/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>		
DATE REC'D BY LOCAL REG. <b>JUN 28 1949</b>		REGISTRAR'S SIGNATURE <b>J B Faseler</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F. A. Green 4214 Delmar</b>				

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. A. Sheen*

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.