No. 300
10.48

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32474

State File No.

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 30621 Registrar's No. 2196

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brentwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8769 Brentwood Pl.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brentwood
d. STREET ADDRESS (If rural, give location): 8769 Brentwood Pl.

3. NAME OF DECEASED (Type or Print)
a. (First): Jacob
b. (Middle):
c. (Last): Canmann

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 18, 1891
9. AGE (In years last birthday): 58 — If under 1 year: Months 1, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookbinder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Josana Canmann
13b. MOTHER'S MAIDEN NAME: Ariminda Pardike
14. NAME OF HUSBAND OR WIFE: Clara Canmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 494-09-0461
17. INFORMANT'S SIGNATURE OR NAME: Otto Canmann, ADDRESS: 8769 Brentwood, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomata - Bronchogenic in left lung — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
162X

19a. DATE OF OPERATION: 5-26-49
19b. MAJOR FINDINGS OF OPERATION: as 18 a 162X
20. AUTOPSY? YES ☐ NO ☑

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-7, 1949, *to* 9-12, 1949, *that I last saw the deceased alive on* 9-12, 1949, *and that death occurred at* 4:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis F. Howe M.D.
23b. ADDRESS: 2511 Brentwood Blvd Brentwood 17 Mo
23c. DATE SIGNED: 9-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/15/49
24c. NAME OF CEMETERY OR CREMATORY: Olive Hill Cemetery
24d. LOCATION (City, town, or county) (State): Coffeen, Illinois

DATE REC'D BY LOCAL REG.: 9-14-49
REGISTRAR'S SIGNATURE: Herbert R. Monke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Louis H. Bopp, Inc. Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

B-57

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 Peter B. Dubrouillet

Licensed Embalmer No. 369

P. O. Address Richmond Heights, 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.