

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34898

State File No.

FILED NOV 8 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1002** Registrar's No. **9397**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hosp.		d. STREET ADDRESS (If rural, give location) 5756 Maple Ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Bernard	b. (Middle) Michael	c. (Last) Cannon	Oct. 22, 1951		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9, 1903	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman	10b. KIND OF BUSINESS OR INDUSTRY Vandervorts	11. BIRTHPLACE (State or foreign country) Cincinnati Ohio	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Henry Cannon	13b. MOTHER'S MAIDEN NAME Mary Finnegan	14. NAME OF HUSBAND OR WIFE Roberta Cannon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roberta Cannon 5756 Maple Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION Sept 1951	19b. MAJOR FINDINGS OF OPERATION Carcinoma of lung	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163X
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22. I hereby certify that I attended the deceased from **Aug 1951**, to **Oct 1951**, that I last saw the deceased alive on **Oct 22, 1951**, and that death occurred at **7:00P** m., from the causes and on the date stated above.

23a. SIGNATURE Martin W. Davis, M.D. (Degree or title)	23b. ADDRESS 539 N Grand Ave	23c. DATE SIGNED 10/27/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-25-51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
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DATE REC'D BY LOCAL REG. OCT 24 1951	REGISTRAR'S SIGNATURE Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. Stuart 1225 Union
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Clement McQuay*

Licensed Embalmer No. *3732*

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.