

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44319

State File No. _____
Registrar's No. 4168

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		State File No. _____		Registrar's No. 4168			
1. PLACE OF DEATH a. COUNTY St. Louis				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 Koch (rural)			c. LENGTH OF STAY (In this place) 318 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital				d. STREET ADDRESS (If rural, give location) 3203 Lucas							
3. NAME OF DECEASED (Type or Print) Henry			a. (First)		b. (Middle) -		c. (Last) Cannon		4. DATE OF DEATH (Month) (Day) (Year) 12-31-51		
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH 3-12-06		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Bradley, Mississippi /			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Henry Cannon				13b. MOTHER'S MAIDEN NAME Mary Roberson				14. NAME OF HUSBAND OR WIFE Lillian Felton Cannon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. ??429-105093		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records, Robt. Koch Hosp.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.										INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs(?)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis											
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.											
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) _____			002X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from 2-16-1951, to 12-31-1951, that I last saw the deceased alive on 12-31-51, 19__, and that death occurred at 7:40A.M., from the causes and on the date stated above.											
23. SIGNATURE (Degree or title) Walter J. Kutryk, M.D.					23b. ADDRESS Robert Koch Hospital				23c. DATE SIGNED 12-31-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-4-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park Ch. Lovers, MO			24d. LOCATION (City, town, or county) (State) _____				
DATE REC'D BY LOCAL REG. JAN 3 1952		REGISTRAR'S SIGNATURE _____			25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS 2700 Thomas St.						

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

11-2-1914

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

[Handwritten signature]

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