

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43228

5. No. 300  
V. 10.48

FILED JAN 10 1953

318

1003

State File No. \_\_\_\_\_

11399

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Missouri</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>				d. STREET ADDRESS (If rural, give location) <b>71 2909 Dickson St.</b>			
3. NAME OF DECEASED a. (First) <b>Irma</b> (Type or Print)			b. (Middle) <b>Adams</b>		c. (Last) <b>Cannon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-6-52</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>July 11, 1901</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 24 HRS. Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Walnut Lake Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jessie Adams</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Jones</b>		14. NAME OF HUSBAND OR WIFE <b>Douglass Cannon</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-18-8778</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. S. Norma Kelly 2717 Glassgow</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>Scab wound of neck; Subdural hemorrhage suffered when stabbed</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, given in the hands of one rise to the above cause (a) stating the underlying cause last. Douglass Cannon, (Cal) in home.</b> DUE TO (c) <b>2909 Dickson Str around 900 pm Nov 20 1952</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Homicide</b>			20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, place bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 20 52 9:00</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E982X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:20 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Reginald Lee</b>				23b. ADDRESS <b>1300 Clark Av.</b>		23c. DATE SIGNED <b>12-11-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>12-13-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, County Mo</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 11 1952</b>		REGISTRAR'S SIGNATURE <b>Paul Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ellis Funeral Home, Inc. 2820 Stoddard</b>			

WRITE PLAINLY—USING UNFADEING 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. 471

working under my personal supervision.

Student

M. Ernest M. McDonald  
Student Embalmer

Signed

Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address

13, 7th

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.