

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19261

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

FILED JUN 1-1953

318

REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003 Registrar's No. 4837

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS 2116 N. 14th St.	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>EARL</u>	
c. (Last) <u>CANTILLON Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1953</u>	
5. SEX Male <u>D</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1, 1889
9. AGE (In years) (last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. <u>0</u>
13a. FATHER'S NAME Edward Cantillon		13b. MOTHER'S MAIDEN NAME Anna Yung	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-05-6544	
17. INFORMANT'S SIGNATURE OR NAME Edward E. Cantillon Jr.		ADDRESS 2116 N. 14th	
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Metastases</u>			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of urinary bladder</u>			
DUE TO (c) <u>Carcinoma of lung</u>			
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 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)			
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		<u>181X</u>	
22. I hereby certify that I attended the deceased from <u>May 6, 1953</u> , to <u>May 11, 1953</u> , that I last saw the deceased alive on <u>May 11, 1953</u> , and that death occurred at <u>4:20 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Blayna M.D.</u>		23b. ADDRESS <u>1325 So. Grand Blvd.</u>	
23c. DATE SIGNED <u>5/11/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1953	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAY 12 1953		REGISTRAR'S SIGNATURE <u>J. Call Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>mrs B</u>		ADDRESS Kriegshauser 4228 S. Kingshighway B	

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

See letter from Dr. Blayna

**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

*Erwin D. M. Dermott*

Licensed Embalmer No. 3024

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.