

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24357**  
Registrar's No. **6410**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		REGISTRAR'S NO. <b>6410</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>1 Day</b>		c. CITY OR TOWN <b>St. Louis, Mo.</b>		d. In Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Deaconess Hospital</b>				• STREET ADDRESS (If rural, give location) <b>2153 Geyer</b> <span style="float: right;"><b>22390</b></span>			
3. NAME OF DECEASED (Type or Print) <b>MITCHELL</b>		a. (First)		b. (Middle)		c. (Last) <b>CANTER</b>	
4. DATE OF DEATH <b>JULY 12, 1954</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>July 28, 1906</b>		9. AGE (In years last birthday) <b>47</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <b>MISSOURI</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <b>MISSOURI</b>		12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Samuel Canter</b>		13b. MOTHER'S MAIDEN NAME <b>Belle Pitman</b>		14. NAME OF HUSBAND OR WIFE <b>Irene</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-01-7710</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Irene Canter, 2153 Geyer, St. Louis, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septic Blood Stream infection (4da)</b> <b>Septic Arthritis</b> <b>Overmedication w/ Cortone</b> DUE TO (b) _____ DUE TO (c) _____ by self Rx.				INTERVAL BETWEEN ONSET AND DEATH <b>(4da)</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) <b>720x</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>720x</b>			
22. I hereby certify that I attended the deceased from <b>7-12-54</b> , to <b>7-12-54</b> , that I last saw the deceased alive on <b>7-12-54</b> , and that death occurred at <b>9:15P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. E. Eads</b> (M.D.)				23b. ADDRESS <b>7602 S. Beverly</b>		23c. DATE SIGNED <b>7/14/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 15, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Fork Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Perryville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUL 15 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home, Inc.</b> <b>2301 Lafayette, St. Louis 4, Missouri</b>			

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

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**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.....  
Signature of Student Embalmer

Signed..... *James R. Chapman*.....  
Licensed Embalmer No..... *43*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.