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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10458**
Registrar's No. **1558**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SHREWSBURY 1561	
c. LENGTH OF STAY (In this place) D.O.A.		d. STREET ADDRESS (If rural, give location) 78 SANDAL AV. -	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSP			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) H.	c. (Last) CANNON -	4. DATE OF DEATH (Month) (Day) (Year) MAR 4, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 20, 1897	9. AGE (In years last birthday) 57 -	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SPECIAL DELIVERY POSTMAN	10b. KIND OF BUSINESS OR INDUSTRY POST OFFICE	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S. -
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13a. FATHER'S NAME BRODY CANNON	13b. MOTHER'S MAIDEN NAME CARRIE HARK	14. NAME OF HUSBAND OR WIFE EDITH GIEGLING CANNON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. -	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NOT KNOWN	17. INFORMANT'S SIGNATURE OR NAME EDITH CANNON	ADDRESS 78 SANDAL AV. SHREWSBURY
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		
	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"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 3, 1955** to **March 4, 1955**, that I last saw the deceased alive on **March 2, 1955**, and that death occurred at **2:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles Miller (Degree or title) M.D.	23b. ADDRESS 134 W. Adams Kirkwood 22 Mo	23c. DATE SIGNED 3-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR 7, 1955	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
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DATE REC'D BY LOCAL REG. 3/6/55	REGISTRAR'S SIGNATURE Heber K. Smith	MUNICIPAL DIRECTOR'S SIGNATURE W. C. ...	ADDRESS 831 E. Big Bend Bl.
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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 _____

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.