

19928

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4974

FILED JUN 22 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Illinois b. COUNTY St. Clair

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) few hours
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary d. STREET ADDRESS (If rural, give location) 717 Trendley Avenue

3. NAME OF DECEASED a. (First) CARNELL b. (Middle) _____ c. (Last) CANNON 4. DATE OF DEATH (Month) (Day) (Year) June 3, 1955

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 12, 1931 9. AGE (In years last birthday) 23 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Armour & Co. 11. BIRTHPLACE (City and State or Foreign Country) Marianna, Arkansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Kidney Cannon 13b. MOTHER'S MAIDEN NAME Murphy Price 14. NAME OF HUSBAND OR WIFE Annie Mae Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or date of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Mae Cannon, 717 Trendley Ave. E. St. Louis, Ill.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) _____
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 NO

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) _____ m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 331X

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 145A am., from the causes and on the date stated above.

23a. SIGNATURE James M. Kelly 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 6-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6 June 1955 24c. NAME OF CEMETERY OR CREMATORY Booker Washington 24d. LOCATION (City, town, or county) (State) Centreville Township, Ill.

DATE REC'D BY LOCAL REG. JUN 8 1955 REGISTRAR'S SIGNATURE Carl Smith FUNERAL DIRECTOR'S SIGNATURE ADDRESS 214 Missouri Ave. E. St. Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 Bern H. Baldwin

Licensed Embalmer No. 2420

P. O. Address 721 N. 26th St

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.