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FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20597

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1417

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. CITY OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (In this place) <u>V.M.H.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>362 So. Harrison</u>			
e. STREET ADDRESS (If rural, give location) <u>362 So. Harrison</u>			

3. NAME OF DECEASED a. (First) <u>Arthur</u> b. (Middle) <u>Cannon, Jr.</u> c. (Last) <u>Cannon, Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 1955</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 7, 1869</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>1</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illnesses</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John A. Cannon</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Easton</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Spanish American</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Cannon Jr.</u>	ADDRESS <u>362 So Harrison</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Prostate + Bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Mar 29 - Jun 20 '55</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cancer.</u>		
	DUE TO (b) _____ 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 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) (Min.)	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 Mar-29, 1955, to June-20, 1955, that I last saw the deceased alive on June 9, 1955, and that death occurred at 2:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. Norton</u>	(Degree or title) _____	23b. ADDRESS <u>2006 N. Main St. Charles, Mo.</u>	23c. DATE SIGNED <u>6/22/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/25/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pather Dixon</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/22/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Lauce</u>	ADDRESS <u>1221 N. Grand</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Gayton Swan*.....

Licensed Embalmer No. *458*

P. O. Address *1221 N.W.*

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.