

AUG 18 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28833

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **4329 Gibson Ave.**)..... St. Ward)

File No.....
Registered No. **7600**
St. Ward)

2. FULL NAME **Charles L. Cantillon**(a) Residence, No. **4329 Gibson Ave.** St. **18** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Helen Cantillon**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 17, 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 9 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **U.S. Radiator Co.**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**13. NAME **Edward Cantillon**14. BIRTHPLACE (CITY OR TOWN) **Canada** (STATE OR COUNTRY)15. MAIDEN NAME **Anna Young**16. BIRTHPLACE (CITY OR TOWN) **Kirkwood** (STATE OR COUNTRY) **Mo.**17. INFORMANT **Mrs. Helen Cantillon** (ADDRESS) **4329 Gibson Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **7-20**, 19**36**19. UNDERTAKER **Kriegshauser Mortuaries** (ADDRESS) **4228 So. Kingshighway**20. FILED **JUL 18 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-17**, 19**36**22. I HEREBY CERTIFY, That I attended deceased from **6-25**, 19**36** to **7-17**, 19**36**I last saw him alive on **7-17**, 19**36** Death is said to have occurred on the date stated above, at **1:45 P.M.**

The principal cause of death and related causes of importance were as follows:

Head Exhaustion
Heat Stroke
Chr Myocarditis

Date of onset

6/22/36Other contributory causes of importance: **191**Name of operation **Physical** Date of **5-2**
What test confirmed diagnosis? **Physical** Was there an autopsy? **Y**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury.....
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....(Signed) **O. F. F. G. G. G.**, M. D.
(Address) **1030 Chateau**

