

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 12 1939 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 5177

1. PLACE OF DEATH: **1008**

(a) County St Louis

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2712 Sheridian AVE 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 15 months
years, months or days

3. (a) PRINT FULL NAME Mattie Banks

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Henry Jackson Cannonlaw 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 2 (Month) 19 (Day) 1905 (Year)

8. AGE: Years 34 Months 37 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Livingston Ala. (City, town, or county) Ala. (State or foreign country)

10. Usual occupation Domestic

11. Industry or business None

MOTHER FATHER { 12. Name Henry Charles

13. Birthplace Livingston Ala. (City, town, or county) (State or foreign country)

14. Maiden name Lula Childs

15. Birthplace Unknown ? (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Jackson

(b) Address 2712 Sheridian Ave

17. (a) Burial (b) Date thereof 6-11-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) JUN 9 1939 (b) J. F. Bredich
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2712A Sheridian Ave 21
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-7 day 7
year 1939 hour 7:33 A. M. minute _____ M.

21. I hereby certify that I attended the deceased from 5-26
1939 to 6-6-1939
that I last saw her alive on 6-6-1939
and that death occurred on the date and hour stated above.

Immediate cause of death Subway Accident Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Wilkerson (M. D. or other) _____

Address 3200 Franklin C. Date signed 6-7-39

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 myself

Lonnie Boykins Registered Apprentice No. _____
working under my personal supervision.

Signed

Lonnie Boykins

Licensed Embalmer No.

2946

P. O. Address

St. Louis Mo.

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, above space should be left blank.