DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20542

1939 JUL 12 1939 Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5386

1. PLACE OF DEATH:

(a) County

(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: MO. BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Twenty four hours (Specify whether years, months or days)

In this community Two

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

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(d) Street No. 1805a Washington Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME FREDERICK CANN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 5 (Day) 1865 (Year)

8. AGE: Years 73 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired Eng.

11. Industry or business Mining

MOTHER FATHER

12. Name Wm. Cann

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Frank H. Cann

(b) Address 6817 Crest Ave.

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

(c) Place: burial or cremation Abeline, Kansas

18. (a) Signature of funeral director ARTHUR J. CONNELLY

(b) Address 3840 LINDELL BLVD.

19. (a) JUN 17 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1939 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 14, 1939, to June 16, 1939, that I last saw h. alive on June 16, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	24 hrs.
Due to Arterio-sclerosis	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations No operations	
Of autopsy No	

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) no

(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 [signature] (M. D. or other)

Address 4903 Delmar Date signed 6-16-39

(Licensed Embalmer's Statement on Reverse Side)

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.

REV. 6-17-39 I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.