

No. 2  
13-40  
17-39  
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9220**  
Registrar's No. **2630**

Registration District No. **791** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: **6218 Vermont Ave., /**  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **1001**

(c) City or town **St. Louis,** **17**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6218 Vermont** **9**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Clarence E. Cannon**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **492-03-7877**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **24**  
year **1941** hour **6:45** minute **A** M.

4. Sex **Male**  5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frances Cannon**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **November 12, 1889**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 28**  
**1941**, 19\_\_\_\_, to **March 24, 1941**;  
that I last saw him alive on **March 20, 1941**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>51</b>	<b>4</b>	<b>12</b>	hr. _____ min. _____

Immediate cause of death **Coronary Embolism,**  
**To my knowledge, January 28, 1941**

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

10. Usual occupation **Gashouse Employee**

11. Industry or business **Laclede Gas Co.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Chronic Interstitial Nephritis, to my knowledge 1/28/41**  
(Exclude conditions within 3 months of death)

MOTHER FATHER

12. Name **Issac Cannon**

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

14. Maiden name **Emma Delah**  
(City, town, or county) (State or foreign country)

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

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

16. (a) Informant **Mrs. Charles Smith**

(b) Address **6218 Vermont**

17. (a) **Burial** (b) Date thereof **3-26-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. HOPE**

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 S Grand Blvd**

19. (a) **MAR 24 1941** (b) **J. H. Redner**  
(Date received local registrar) (Registrar's signature)

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: **0**

23. Signature **D. Ravel** (M. D. or Sec'y)  
Address **320 Metropolitan Bldg** Date signed **3/24/41**

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

079

Q

2539

In. O. C. Raines  
~~Metropolitan Bldg.~~  
Jeff. 5101

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..... *Virgil L. Berryman*.....

Licensed Embalmer No. *4018*

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, fact should be so stated above.**