

FILED JUL 6 1942 91

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 19 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 4418 McPherson Ave.  
(If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret Elizabeth (Cannon) Shumate

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife William C. Shumate 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 23 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Webster Groves, Mo. (City, town, or county) (State or foreign country) h

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Charles Cannon

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

14. Maiden name Caroline Moody

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

16. (a) Informant Mrs. Ethel S. Carlson

(b) Address 4418 McPherson Av., St. Louis

17. (a) Burial (b) Date thereof June 23, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Alexander & Sons (Inc)

(b) Address 6175 Delmar Blvd, St. Louis

19. (a) JUN 22 1942 (Date received local registrar) J. J. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1942 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 20  
1942 to June 21 1942

that I last saw her alive on June 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 24 hrs

Due to vascular hypertension ?

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? 0

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Ramuel B. Grant (M. D. or other) sig D

Address 114 N Taylor Ave Date signed 6/22/42

Dr. Horner -

114 N. Taylor. Jr. 8600.

**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.....

*Thomas R. Fenwick*

Licensed Embalmer No.....

*3793*

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.**