

Registration District No. **AR 20 1943 818**

Primary Registration District No. **1003**

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:
Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community..... (Yes or No)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3617 S. Broadway**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Alvie Canmann**

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

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Gertrude Canmann** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **August 10, 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 26 hr. min.

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

10. Usual occupation **Nil**

11. Industry or business.....

12. Name **Josiah D. Canmann**

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

14. Maiden name **Amanda Pardick**

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

16. (a) Informant **Bessie LaGarce**

(b) Address **6443 Dale**

17. (a) **Burial** (b) Date thereof **3/9/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Edith E. Ambruster**

(b) Address **4234 Manchester**

19. (a) **MAR 8 1943** (b) **J. F. Medeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6th**
year **1943** hour **4** minute **00** A.M.

21. I hereby certify that I attended the deceased from **2-26-43**
19 **43** to **3-6-43** 19 **43**
that I last saw him **pm** alive on **3-6-** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Heart Failure - Dilatation of Ht

Due to **adhesive pericarditis**
and
Calcified engorged left thorax and dilatation of left lung

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

Autopsy
Major findings: **Dilatation of Ht - adhesive pericarditis - calcification of left lung**
Of autopsy: **Calcified cyst of engorged left thorax**

Duration

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 **Josiah D. Canmann** (M. D. or other).....
Address **Desloge Hosp.** Date signed **3-7-43**

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

MOTHER FATHER

800

Sciortino

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.....

Florsing Eymark

Licensed Embalmer No. *1284*

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.