

FILED APR 15 1943

Registration District No. 284

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County..... St. Louis  
(b) City or town..... Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys 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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4568 Arco Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Mary E. Canning

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife William G. Canning  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Jan. 15th. 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 2 16 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER

12. Name James Metcalf

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

14. Maiden name Dorcas McGolin

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

16. (a) Informant Charles Canning

(b) Address 4568 Arco Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) APR 2 1943 (Date received local registrar) (b) E. G. McDesman M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st  
year 1943 hour 3.05 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 12, 19..... to 3/31/43, 19.....; that I last saw her alive on 3/31/43, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Duration 4 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

10911

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) Means of injury.....

23. Signature W. Edington (M. D. or other) M.D.  
Address 3720 Washington Ave Date signed 4/1/43

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

fm

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**