

FILED NOV 25 1946
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Registration District No. 1003

Registrar's No. 9726

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:
2206 Carr St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community About 13 years
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. 2206 Carr St.
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Anthony Cannamore

3. (b) If veteran, name war None 3. (c) Social Security No. 702-18-8435

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 9 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 1 4 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Building Contractor

12. Name Robert Cannamore

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

14. Maiden name Mirerva Wisdom

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

16. (a) Informant Walter Chapman
(b) Address 4407 N. Market St.

17. (a) Burial Greenwood Cemetery (b) Date thereof Nov. 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. J. Pugh
(b) Address 3847 Page Blvd

19. (a) NOV 15 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13.
year 1946 hour 2 minutes 36 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Occlusion

Due to 94 a

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

Major findings: Of operations _____

Of autopsy _____

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 Thomas J. Callahan (M.D. or other) _____
Address _____ Date signed 11-15-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

37274

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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..... *C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address *3847 Piquette*

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.