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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6088

Primary Registration District No. 1003

Registrar's No. 2272

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7057 Tholozan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Years (Specify whether
In this community 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. 7057 Tholozan Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ADELAIDE CANNON

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 Widowed

6. (b) Name of husband or wife James William Cannon

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

7. Birth date of deceased Jan (Month) 16 (Day) 1868 (Year)

8. AGE: Years 79 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nathan Harrison
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant James W. Cannon
(b) Address 7057 Tholozan

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 7 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Missouri

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL
(b) Address 6464 Chippewa St.

19. (a) MAR 5 1947 (Date received local registrar) (b) J. F. Brickeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4 year 1947 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1947, to March 4, 1947 that I last saw her alive on Feb 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	2 mo.
Due to: arteriosclerosis, generalized	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James C [illegible] (M. D. or other) MD
Address 4054 Gravois Date signed 3/4/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. James C. Shy
4047 a Gravois

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.