

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14916**
Registrar's No. **1679**

FILED MAY 14 1947

Registration District No. **318**

Primary Registration District No. **1003**

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: **City Sanitarium**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5yrs. 2mos. 26ds.**
 In this community **64 yrs.**
 years, months or days

3. (a) PRINT FULL NAME. **MARGARET 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.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: **June 15 1871**
 (Month) (Day) (Year)

8. AGE: **75** Years
 Months **10** Days **19**
 If less than one day hr. min.

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

10. Usual occupation **Nil**

11. Industry or business

MOTHER FATHER { 12. Name **not known**
 13. Birthplace **not known**
 (City, town, or county) (State or foreign country)

14. Maiden name **Not known**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Helena A. Dugler**
 (b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **May 9th. 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthew's Cemetery**

18. (a) Signature of funeral director **Reganheim Bros**
 (b) Address **6409 Grayola Ave**

19. (a) **MAY 8 1947** (b) **J. F. Bredek**
 (Date received local registrar) (Registrar's signature)

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. **5400 Arsenal St.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**
 year **1947** hour **2.35** minute **P** M.
 21. I hereby certify that I attended the deceased from **March 1st**, 19**46**, to **May 6**, 19**47**,
 that I last saw h. **er** alive on **May 6**, 19**47**,
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerosis, generalized 5yrs.x
Cholecystitis, chronic. 5yrs.x
Non-calculus.

Due to.....
 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?

While at work?..... (Specify type of place) (Means of injury)
 23. Signature **Jack R. Riedel** M. D. or other
 Address **5400 Arsenal St.** Date signed **5/6**

(Licensed Embalmer's Statement on Reverse Side)

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

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 James W. Dritz
Licensed Embalmer No. 3882
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.