

S. No. 30-30
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6173
Registrar's No. 2088

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: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1814 Oregon Avenue
(If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME MITCHEL CANTER, JR.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 28
year 1948 hour 12:00 minute _____ M.
21. I hereby certify that I attended the deceased from 2/25 to 2/28 1948
that I last saw him/her alive on 2/28 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Arteriosclerosis Duration 2 day

7. Birth date of deceased April 26, 1933
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
14 10 2 hr. _____ min.

Due to acute Arteriosclerosis. Hepatic 3 wks
Due to _____

9. Birthplace Perryville, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Student

Other conditions None / 20
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Mitchel Canter, Sr.
13. Birthplace Perryville, Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy None
Underline the cause to which death should be charged statistically.

14. Maiden name Irene Bishop
15. Birthplace Perry County, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mitchel Canter, Sr.
(b) Address 1814 Oregon Avenue

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? _____

17. (a) burial (b) Date thereof 3-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Perryville, Missouri
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) _____ (b) J. F. Bredek
(Date received local registration) (Registrar's signature)

23. Signature Saleen J. ... (M. D. or other) _____
Address 5923 ... Date signed 2/28/48

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

TOR

MAR 25 1948
2188

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..... *CW Cooper*
Licensed Embalmer No. *3830*
P. O. Address *2301 Lafayette Ave*

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.