FEDERAL SECURITY AGENCY # 88639
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 918

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27575
Primary Registration District No. 1003
Registrar's No. 7019

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital- Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

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. 4032 Peck St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert G. Canady
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 24 (Day) 1947 (Year)

8. AGE: Years 0 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Eldorado (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Child
11. Industry or business

FATHER
12. Name David Canady
13. Birthplace Boughton (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Imogene Wells
15. Birthplace Logan (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Imogene Canady
(b) Address 4032 Peck St.
17. (a) Burial (Burial, cremation, or removal) **(b)** Date thereof 8-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 10 1948 (Date received local registrar) **(b)** J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1948 hour 9 minute 30 A M.
21. I hereby certify that I attended the deceased from 8-7-48, 19..., to 8-8-48, 19...; that I last saw him alive on 8-8-48, 19...; and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death BRONCHOPNEUMONIA	2 days
Primary	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy BRONCHOPNEUMONIA

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 Israel E. Hughes (M. D. or other) MD
Address 1515 Lafayette Date signed 8-10-48

(Licensed Embalmer's Statement on Reverse Side)

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..... Albert E. Lapke

Licensed Embalmer No..... 297

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.