. No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1948

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33341

Primary Registration District No. 5594

Registrar's No. 63

1. PLACE OF DEATH:

(a) County: JEFFERSON

(b) City or town: RURAL - MERAMEC
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 MONTHS 9 DAYS (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: ST. LOUIS 96

(c) City or town: NORMANDY
(If outside city or town limits, write "RURAL")

(d) Street No. 333 NO HILLS
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM CANNING

3. (b) If veteran, name war: NO -

3. (c) Social Security No.: NO -

4. Sex: M O

5. Color or race: W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: WIDOWED

6. (b) Name of husband or wife: JETTE CRUBBIE

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

7. Birth date of deceased: AUGUST (Month) 8 (Day) 1857 (Year)

8. AGE: Years 91 Months 2 Days 4 If less than one day hr. min.

9. Birthplace: ENGLAND (City, town, or county) 4 (State or foreign country)

10. Usual occupation: SHEET METAL WORKER

11. Industry or business: MO. PACIFIC TERMINAL R.R.

FATHER
12. Name: WILLIAM CANNING
13. Birthplace: ENGLAND (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: SARAH FREDERICK
15. Birthplace: ENGLAND (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Brother Cook, O.S.F.
(b) Address: St. Joseph's Hill Infirmary

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director: Guy Mullen
(b) Address: 5041 Delmar Ave

19. (a) Oct 19 - 48 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 12 year 1948 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from AUGUST 10 - 1948, to OCTOBER 12 1948; that I last saw him alive on OCTOBER 12 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: CARDIAC INSUFFICIENCY — Duration

Due to: Chronic Myocarditis

Due to: Generalized Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 9 3 8
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: J. Marden M.D. (M. D. or other)

Address: 356 Humphrey Bldg. Date signed 10/12/48

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 22 1948

OCT 25 1948

NOV 9 1948

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.....Ronald Yahnke.....

Licensed Embalmer No.....3417.....

P. O. Address.....St Louis.....

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.