

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1949

State File No. ....

318

1003

2987

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>COV</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>1019 Offaloni St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>Miss Elizabeth</b>		a. (First)		b. (Middle) <b>Cannamore</b>		c. (Last)	
DATE OF DEATH (Month) (Day) (Year) <b>Mar. 30, 1949</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>2-8-1933</b>		9. AGE (In years last birthday) <b>16</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <b>School Dir.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Earl Ark.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Melvin Cannamore</b>		13b. MOTHER'S MAIDEN NAME <b>Jannie Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Melvin Cannamore</b>			
15. ADDRESS <b>1019 Offaloni</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>108</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Subacute Pericarditis</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1190X</b>				DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1190X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>19</b> to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>12:20 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Joseph M. Quinn</b>				23b. ADDRESS <b>1308 Clark</b>		23c. DATE SIGNED <b>3/21/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Inter</b>		24b. DATE <b>4/13/49</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Earl, Arkansas</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 1 1949</b>		FUNERAL DIRECTOR'S SIGNATURE <b>J B Lusater</b>		ADDRESS <b>Gus Lowe 2930 Dickson St.</b>			

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

*Ma no*

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed:

*Arthur B. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *4049 St Ferdens*

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.