

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11353**  
**2561**

FILED MAR 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILL.</b> b. COUNTY <b>ST. CLAIR</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) <b>4 MOS.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EAST ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>1510 N 53rd St.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <b>William</b>	b. (Middle) <b>QUINN</b>	c. (Last) <b>Canfield</b>	Month <b>March</b>	Day <b>6</b> Year <b>1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	
			<b>Aug. 10, 1887</b>	
9. AGE (In yrs. last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
<b>65</b>		<b>Pen. Sutchman</b>		

10b. KIND OF BUSINESS OR INDUSTRY <b>Terminal R.R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Parsons, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Q Canfield</b>		13b. MOTHER'S MAIDEN NAME <b>MARY SUMMERS</b>		14. NAME OF HUSBAND OR WIFE <b>EFFIE CANFIELD</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W.I.</b>		16. SOCIAL SECURITY NO. <b>702-12-5048</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Effie Canfield</b>		ADDRESS <b>1510 N 53rd</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Prostate</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>177X</b>	

22. I hereby certify that I attended the deceased from **Nov. 7, 1952**, to **March 6, 1953**, that I last saw the deceased alive on **March 6, 1953**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Benjamin H. Charles, Jr.</b>		23b. ADDRESS <b>Miss. Pac. Hosp. - St. Louis</b>		23c. DATE SIGNED <b>7 March 1953</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Mar. 7 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EAST ST LOUIS</b>		24d. LOCATION (City, town, or county) (State) <b>E. ST. LOUIS ILL.</b>	
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DATE REC'D BY LOCAL REG. <b>MAR 9 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Ed Howard</b>		ADDRESS <b>Ed Howard</b>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John J. Kasaly*

Licensed Embalmer No. *68 55 Ill.*

P. O. Address *Elmhurst, Ill.*

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.