

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22760**  
**5795**

FILED JUN 24 1953

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>St. Louis, Missouri</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4208 W. Evans Ave</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2189</b> 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>4208 W. Evans Ave,</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>Spencer Daniel Canty</b>	a. (First) _____ b. (Middle) _____ c. (Last) _____	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>6 7 1953</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>December 14, 1900</b>	<b>9. AGE (In years last birthday)</b> <b>52</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION:</b> (Give kind of work done during most of working life, even if retired) <b>Cabinet Maker</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Pullman Company</b>		<b>11. BIRTHPLACE (State or foreign country)</b> <b>Jefferson City, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>

<b>13a. FATHER'S NAME</b> <b>Daniel Canty</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ada Roberts</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Susan Canty</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	<b>16. SOCIAL SECURITY NO.</b> <b>708-16-9065</b>	<b>17. INFORMANT'S SIGNATURE OR NAME ADDRESS</b> <b>Susan Canty 4208 W. Evans Ave</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Subarterial Hypertension</b> ANTECEDENT CAUSES <b>Peristent Hypertension</b> 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 <b>Cardiac Insufficiency</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>    _____ _____ _____
<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>592X</b>	
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**22. I hereby certify that I attended the deceased from May 11, 1953, to June 7, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 7:30 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>G. W. Goodrich</b>	<b>23b. ADDRESS</b> <b>1005 N. Jefferson Ave</b>	<b>23c. DATE SIGNED</b> <b>June 8-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>6/11/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Greenwood Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis County, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 11 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith, M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS</b> <b>C. W. Roberts 1416 N. Taylor Ave.</b>	
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**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 \_\_\_\_\_

*James G. C.*

Licensed Embalmer No. *468*

P. O. Address *Stou*

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

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