

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2645

State File No.

FILED JAN 26 1954

0171

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

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|---|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | e. STREET ADDRESS (If rural, give location) 3922 Cook | | |

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|-------------------------------------|-------------------------|----------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Henry | b. (Middle) - | c. (Last) Cannon | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 4 1954 |
|-------------------------------------|-------------------------|----------------------|-------------------------|---|

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|--|---------------------------------|---|--|---|-----------------------|------------------------------|----------------------|---------------------|
| 5. SEX MALE | 6. COLOR OR RACE colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH APRIL 28, 1889 | 9. AGE (In years last birthday) 64 yrs | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN | | 10b. KIND OF BUSINESS OR INDUSTRY SCULLIN STEEL | | 11. BIRTHPLACE (City and State or Foreign Country) MEMPHIS, TENN | | 12. CITIZEN OF WHAT COUNTRY? | | |

| | | |
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| 13a. FATHER'S NAME HENRY CANNON | 13b. MOTHER'S MAIDEN NAME FRANCIS JONES | 14. NAME OF HUSBAND OR WIFE QUINTILLA CANNON |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WAR I | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Quintilla Cannon 3922 Cook |

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| 18. CAUSE OF DEATH 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Undet. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach with Metastases | | |
| | 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. Post-operative Sub-total Gastrectomy | | | |

| | | |
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| 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? 151X |

22. I hereby certify that I attended the deceased from 12-29, 1953, to 1-4, 1954; that I last saw the deceased alive on 1-4, 1954, and that death occurred at 10:40a m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Carl Pallios M. D. | 23b. ADDRESS 2601 N Whittier St | 23c. DATE SIGNED 1-4-54 |
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|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 1-9-54 | 24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM | 24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY MO |
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|--|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Cash Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M.A.F. WALTON 2707 STODDARD ST |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *H. Claude Gordon*.....

Licensed Embalmer No. *34*.....

P. O. Address *4575*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**