

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9925

State File No. \_\_\_\_\_  
Registrar's No. 2589

BIRTH FILED MAR 30 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>				c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6934 West Park</u>									
3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>		a. (First)		b. (Middle) <u>LEE</u>		c. (Last) <u>CANNON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 20 '54</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>		8. DATE OF BIRTH <u>Sept. 18, 1884</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad Switchman</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfield, Illinois</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Frank Cannon</u>				13b. MOTHER'S MAIDEN NAME <u>Flora Gray</u>				14. NAME OF HUSBAND OR WIFE <u>Maude Cannon</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes W.W.#1</u>				16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maude Cannon 6934 West Park</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rt. Kidney</u>								<u>10 mo</u>	
				ANTECEDENT CAUSES <u>with metastasis to liver</u>									
				MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>and inferior vena cava</u>									
				DUE TO (b) <u>---</u>									
				DUE TO (c) <u>---</u>									
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>3/17/54</u>				19b. MAJOR FINDINGS OF OPERATION <u>Name as (1)</u>								20. AUTOPSY? YES <input checked="" 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>180X</u>					
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>53</u> , to <u>March 20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 20</u> , 19 <u>53</u> , and that death occurred at <u>10324m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Maude Cannon</u> (Degree or title) <u>MD</u>						23b. ADDRESS <u>4909 Lindenwood</u>				23c. DATE SIGNED <u>3/21/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				24b. DATE <u>3-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MAR 22 1954</u>				REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. Kron L&amp;U. Co. 2707 N. Grand Blvd.</u>					

**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 J. Allen Davis Jr.  
Licensed Embalmer No. 4058  
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.