

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH24874  
State File No. 6332  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>CITY OF ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CITY OF ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>58 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6132 CRESCENT AV.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6132 CRESCENT AV.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 5 1956</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u>		b. (Middle) <u>JOHN</u>	
c. (Last) <u>CANTONI</u>		5. SEX <u>M</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>SEPT 8, 1897</u>		9. AGE (In years last birthday) <u>58</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIQUOR BUSINESS</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>AMBROSE CANTONI</u>		13b. MOTHER'S MAIDEN NAME <u>MARCELLA CANTONI</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY KATHERINE CANTONI</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>487-32-2621</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mary Katherine Cantoni</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF RIGHT TONSIL WITH METASTASES TO NECK</u> 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. <u>145X</u>	
19a. DATE OF OPERATION <u>MARCH 23, 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF RIGHT TONSIL WITH METASTASES TO NECK, TONGUE, PALATE</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	
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? _____		22. I hereby certify that I attended the deceased from <u>DEC 16, 1955</u> , to <u>July 5, 1956</u> , that I last saw the deceased alive on <u>July 4, 1956</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Edward H. Symon M.D.</u>		23b. ADDRESS <u>308 N. 6th St. St. Louis, Mo.</u>	
23c. DATE SIGNED <u>July 5, 1956</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>July 9th, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>3840 Lindell Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 6 1956</u>		REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

**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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindel

**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.