

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45692  
STATE FILE NUMBER  
12700

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>2745 Madison</b>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>H</b> Last <b>Cannon</b>			4. DATE OF DEATH Month <b>12</b> Day <b>28</b> Year <b>57</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 22, 1916</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Disabled</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Miss</b>
13a. FATHER'S NAME <b>Fred W. Cannon</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Thomas</b>	14. NAME OF HUSBAND OR WIFE <b>16</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT <b>Hattie Cannon 2745 E. Madison</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pat. infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <b>Cardiac insufficiency.</b> DUE TO (c) <b>Rheumatic heart disease.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>undet.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) <b>416x</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>12-26-57</b> to <b>12-28-57</b> and last saw <sup>him</sup> alive on <b>12-28-57</b> Death occurred at <b>1:42</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Sydney J. Dean</b> (Degree or title)		22b. ADDRESS <b>2601 Whittier Street</b>	22c. DATE SIGNED <b>12-30-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1/3/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>
24. FUNERAL DIRECTOR <b>F. B. Dean 4214 Delmar</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 2 '58</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith Mo</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Securing the medical certificate in the same manner required by 193.120 MoRS 1949.

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 Emily J. A. Green  
Licensed Embalmer No. 2963  
P. O. Address 4217 Delmar

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.