

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037663
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9700

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 DOA City Hosp		Length of stay in lb 257	d. STREET ADDRESS (If outside, give location) 1104 Carr Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type of death) ERNESTINE E - FAIRFAX - ^{Middle} - ^{East} - KNOWN Earnestine Cannon		4. DATE OF DEATH Month Day Year Oct. 8 1958	
5. SEX female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 25 May 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housework	9. AGE (In years last birthday) 40 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Frank Cannon		14. MOTHER'S MAIDEN NAME Berdie Taylor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 17. INFORMANT Address Berdie Cannon 768 Bayard	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subdural Hematoma</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>E983x</u> DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I <u>Subarachnoid hemorrhage, ruptured when struck with cane in back of head.</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. REPORT MADE BY <u>Coroner's Office</u>	20b. DESCRIBE HOW INJURY OCCURRED, or Enter name of assailant in Part I or Part II <u>Struck with cane in back of head</u>	
20c. TIME OF INJURY Hour <u>11:30</u> Minute <u>55</u> Month, Day, Year <u>9 5 58</u>	<u>in the vicinity of 1123 North 13th St</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, boat, etc.) <u>Street</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St Louis Mo</u>
21. I attended the deceased from <u>6:00</u> to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>John Dickson Coroner</u>	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>10/10/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>12 OCT 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
24. FUNERAL DIRECTOR <u>Reliable Funeral Sys. 1389 N. Union</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 1 0'58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u> <u>mjb</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
Public Service
3
S. 300
7. 1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *John K. Cunningham*

Licensed Embalmer No. *442*

P. O. Address *2405 M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.