

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049935  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3686

**FILED JAN 10 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 4002

2 24002

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Clayton</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>7555 Parkdale</u>	
3. NAME OF DECEASED (Type or print) First <u>MABLE</u> Middle <u>G.</u> Last <u>CANNON</u>		4. DATE OF DEATH Month <u>DEC.</u> Day <u>17</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6- -1898</u>
9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Opr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Washington, Ind.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Charles Gilley</u>	
14. MOTHER'S MAIDEN NAME <u>Rosemary Spainhour</u>		15. NAME OF HUSBAND OR WIFE <u>Roy Cannon</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (if yes, give war or dates of service)		17. SOCIAL SECURITY NO.   18. INFORMANT Address <u>Carl Gilley 8689 Delmar</u>	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4hrs</u>
DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	21. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	22. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
23. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	26. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
27. I attended the deceased from <u>Aug. 10, 1961</u> to <u>Aug. 19, 1961</u> and last saw her/him alive on <u>Aug. 19, 1961</u> Death occurred at <u>between 12M and 7 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
28. SIGNATURE (Deceased or title) <u>[Signature]</u> D. O.		29. ADDRESS <u>9409 W. Milton, St. Louis 14, Mo.</u>	30. DATE SIGNED <u>12/29/62</u>
31. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	32. DATE <u>12-20-62</u>	33. NAME OF CEMETERY OR CREMATORY <u>Mt Lebanon</u>	34. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
35. FUNERAL DIRECTOR <u>Lupton Chapel</u>		ADDRESS <u>7233 Delmar</u>	36. DATE RECD. BY LOCAL REG. <u>12-17-62</u> 37. REGISTRAR'S SIGNATURE <u>John C. Murphy Md.</u>

USE BLACK INK OR TYPEWRITER RIBBON

Dr. J. F. Angerer

9401 St. Milton

9:30-12 A.M.

Bairley

**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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

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.