

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

8394

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1003 Registered No. 2051
 City St. Louis, Mo. (No. Sanitarium) St. Ward)

2. FULL NAME

James J. Kain
 (a) Residence. No. 5360 Webster Ave. 13 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. + mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Kain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 22, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Food carrier
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER John Kainson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Margaret Lydon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT W. Stuermer
 (Address) city san

15. FILED Mar C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12-1929

17. I HEREBY CERTIFY, That I attended deceased from 1-28-1929, to 2-12-1929, that I last saw him alive on 2-11-1929, and that death occurred, on the date stated above, at 3:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis

CONTRIBUTORY (SECONDARY) 936 90B

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: no

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. Stuermer, M. D.

217-1929 (Address) city san

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 2-15-1929

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state occupation as usual or temporary support. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

95
15
15

