

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

Do not use this space.

41736

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1803
 City St Louis (No. St Anthony Hospital) St. Ward) 10807

2. FULL NAME

Caroline Honour Cain
 (a) Residence, No. 4029 Shaw Blvd. St. 17 Ward. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 29-1872</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>9</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home 244</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo.</u>		
FATHER	13. NAME <u>John Cain</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Mrs Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>Julia Cain</u> <u>4029 Shaw Blvd.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u>	DATE <u>Dec 7</u>	193 <u>2</u>
19. UNDERTAKER (ADDRESS) <u>Peck Bros</u> <u>1302 1/2 Lafayette St</u>		
20. FILED <u>DEC -6 1932</u>	Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1932, to Dec 5 1932

I last saw her alive on Dec 5 1922 Death is said to have occurred on the date stated above, at 140 P.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Uterus Date of onset 1930
48
139A 48
125B 18

Other contributory causes of importance: due to carcinoma
(Multiple Abscesses of Liver of Uterus Nov 24-32
Bilateral Ovarian Cysts non
Maligant

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) H. Louis Schuchat M. D.
 (Address) 2202 Chouteau av

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22 10 11/10/10