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.

SEP 26 1933

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

Do not use this space.

28002

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7073

City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME Jacob Kacin (Kacin)

(a) Residence, No. 2118 9 Ohio St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Kacin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 - 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Czecho Slavakia

FATHER

13. NAME Jacob Kacin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho Slavakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho Slavakia

17. INFORMANT (ADDRESS) Hosp. Surf. N. Kent City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Old St. Peter & Paul DATE 8-17-33

19. UNDERTAKER (ADDRESS) W. C. Mondell 1926 Allen Av.

20. FILED AUG 16 19.. 19.. J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1933, to 8-14, 1933

I last saw him alive on 8-14, 1933 Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum 44

Date of onset

Other contributory causes of importance Intestinal Obstruction Peritonitis

Name of operation Expl. Laparotomy Date of 8/13/33

What test confirmed diagnosis? Operation Was there an autopsy? No

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. Howley Ewin M. D.

(Address) City Hospital