27 1934

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.

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

Do not use this space.

2625

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5331 Enright Ave St. ..... Ward)

File No. .....

Registered No. 243

2. FULL NAME Ann Shreve Bain

(a) Residence, No. 5331 Enright St., 5 Ward.
(Usual place of abode) (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 Fem.

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-27-1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 .....

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky.

FATHER

13. NAME George Bain

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky

MOTHER

15. MAIDEN NAME Kate Martin

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Co Ky

17. INFORMANT (ADDRESS) Susan Bain 5331 Enright

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lexington Ky DATE 1-7-34 19

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar Blvd

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1934

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1928, to Jan 4, 1934

I last saw her alive on Jan 4, 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

	Date of onset
Chr. myocarditis	1928
59	
936	
102	

Other contributory causes of importance:

Diabetes mellitus	1932
Vascular hypertension	1928

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Ex Was there an autopsy? Partial

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) Samuel B. Grant, M. D.

(Address) 3720 Washington Blvd