

V 5-1938 DEC 8 1938

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

40449  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis 3 Registration District No. 784  
(b) Township St. Ferdinand Primary Registration District No. Jov Registered No. 1806  
(c) City Overland, Mo. (d) Street No. Rex Ave., & St. Charles Rock Road St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John C. Lain  
(a) Residence, No. Overland, Mo. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Ada Lain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1875.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 9 I

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as 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) Tennessee 1

FATHER 13. NAME John Lain Sr.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 1

MOTHER 15. MAIDEN NAME Adaline Wooburn  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 1

17. INFORMANT (ADDRESS) Mrs. Ada Lain, Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem., DATE Nov. 7/38.

19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave.

20. FILED NOV 5 - 1938 J. C. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4/38. 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1938, to Nov. 4, 1938  
I last saw him alive on Nov 2, 1938 Death is said to have occurred on the date stated above, at 6.17 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
12412  
Cerebralosis of liver  
Other contributory causes of importance:  
Do not know

Name of operation None Date of.....  
What test confirmed diagnosis? clinical 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? Yes  
If so, specify.....  
(Signed) W. F. Ritter, M.D.  
(Address) 2548 Woodson Road Overland, Mo.

Dr. D.F. Ritter,  
WellistMo.

I.30 5.00PM

STATEMENT BY LICENSED EMBALMER

I, Joel W. Clark, Licensed Embalmer No. 1661.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Joel W. Clark

Licensed Embalmer No. 1661.

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.)