1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30210

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1610

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County St. Louis 2

(b) City or town Olivette
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1110 Collingwood Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 14 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Olivette
(If outside city or town limits, write "RURAL")

(d) Street No. 1110 Collingwood Drive
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME William J. McCain 250

3. (b) If veteran, name war ____

3. (c) Social Security No. 494-10-7864

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Jennie McCain

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept. 4, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	0	4	____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Pa. (State or foreign country)

10. Usual occupation General Secty. Int. Assn.

11. Industry or business Bridge, Structial, Ornamental Iron Workers.

FATHER
12. Name Wm. McCain
13. Birthplace ____ (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Mary Unknown
15. Birthplace ____ (City, town, or county) Pa. (State or foreign country)

16. (a) Informant's own signature Jennie McCain
(b) Address 1110 Collingwood Drive

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-10-1939 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP 8 1939 (Date received local registrar) (b) A. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1939 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from 5/26, 1939, to Sept 8, 1939
that I last saw him alive on Sept 7, 1939, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure, myocarditis Chronic
Congestion of both lungs
Due to Art. Sclerosis
resulting in softing of Brain
Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy yes

93c

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature G. L. Krause (M. D. or other)
Address 3720 Washington St Louis, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 1 1941

OCT 3 0 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.