DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16667

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4145

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: 1810 Goode Ave.
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

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

(d) Street No. 1810 Goode Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Florence McCain 250

3. (b) If veteran, name war ---------

3. (c) Social Security No. -------

4. Sex Female

5. Color or race Negro

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

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

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

7. Birth date of deceased Unavailable about 1877
(Month) (Day) (Year)

8. AGE: Years About 63 | Months | Days | If less than one day hr. min.

9. Birthplace Greenwood (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Peter Riddick
13. Birthplace Greenwood (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Greenwood (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant's own signature Rufus McCain
(b) Address 1810 Goode Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas J Gates
(b) Address 4107 Finney Ave.

19. (a) MAY 8 1940 (Date received local registrar) (b) J. Riddick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 3rd. year 1940 hour 3:15 minute P.M.

21. I hereby certify that I attended the deceased from May 1st., 1940 to May 3rd., 1940 that I last saw her alive on May 3rd., 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocarditis Chr. | ? |
| Nephritis Chr. | ? |
| Due to | |
| Due to | |
| Other conditions Auricular Fibrillation (Include pregnancy within 3 months of death) | |
| General Anasarca. | |

Major findings:
Of operations
Of autopsy

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? 844 (Specify type of place)
While at work? (e) Means of injury

23. Signature M. J. Bierman MD (M. D. or other)
Address 1021 N. Grand Ave. Date signed 5/6/40

(Licensed Embalmer's Statement on Reverse Side)

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.

## 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

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson,

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

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