

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20339

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5287

RECEIVED JUL 27 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3442 Humphrey St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3442 Humphrey St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th.
year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from 6-17-40
to 6-16-1940
that I last saw him alive on 6-16-1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Ac Coronary Thrombosis
Due to Chronic Myocarditis
Chronic Cor disease
Due to Hypertrophy
Chronic Hepatitis
Chronic Nephritis
Chronic Arthritis
Major findings: no operation
Of operations: _____
Of autopsy: no autopsy

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) NO
(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?

3. (a) PRINT FULL NAME

Thomas C. Cain

3. (b) If veteran, name war _____

None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Annie Cain

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 13, 1871
(Month) (Day) (Year)

8. AGE:

Years 69 Months 4 Days 3

If less than one day hr. _____ min. _____

9. Birthplace

Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired

11. Industry or business

Stree Car Motorman

12. Name

John Cain

13. Birthplace

Ireland
(City, town, or county) (State or foreign country)

14. Maiden name

Mary Unknown

15. Birthplace

Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Annie Cain

(b) Address

3442 Humphrey St.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

6-19-40

(Month) (Day) (Year)

(c) Place: burial or cremation

Calvary

18. (a) Signature of funeral director

Arthur J. Donnelly

(b) Address

3840 Lindell Blvd.

19. (a)

JUN 18 1940

(Date received local registrar)

J. F. Frederick

(Registrar's signature)

23. Signature

Geo J. McManis
(Specify type of place) (e) Means of injury
Address Wall Bldg Date signed 6/17/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 3846 Lindal Blvd

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.)

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