AUG 25 1941

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23339

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5784

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 8112 N. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 8
(If outside city or town limits write "RURAL")

(d) Street No. 8112 N. Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME Jennie Borders McCain 250

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Not available

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 53			hr. min.

9. Birthplace Bowling Green (City, town, or county) Ky. (State or foreign country) 1

10. Usual occupation At home 9

11. Industry or business 9

FATHER
12. Name ? Capshew
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Joseph F. Borders
(b) Address 4963 Lindenwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/40 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green, Ky.

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 8 1940 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1940 hour 3:20 PM minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cerebral Apoplexy;

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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

23. Signature Alfred Perry (M. D. or other)
Address Dyspy Clinic Date signed 7/8/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.