

S. No. 2  
-11-10-39  
5-17-39  
9-1 X21492

FILED AUG 5 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26223  
Registrar's No. 1419

Registration District No. 784

Primary Registration District No. 101

I. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 days  
(Specify whether  
In this community 16 years  
years, months or days)

8. (a) PRINT FULL NAME Ada Lain  
8. (b) If veteran, name war ? 8. (c) Social Security No. ?

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife John Lain 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Oct. 2 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 9 26 hr. min.

9. Birthplace Unknown Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business

MOTHER FATHER { 12. Name Joseph T. Bixler  
13. Birthplace Unknown Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lydia Jaeger  
15. Birthplace Unknown Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Witter  
(b) Address 3328 Dix Ave Overland

17. (a) Burial (b) Date thereof 7-31-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Baumman Bros.  
(b) Address 2504 Woodson in Overland

19. (a) JUL 30 1940 (b) J. K. Miller  
(Date received for record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1940 hour 10 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 7-8-40  
19 7-28-40 19 ?  
that I last saw her alive on 7-28-40 19 ?  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Carcinoma of Gall Bladder  
with Metastasis  
Due to Bronchopneumonia  
Due to Basilar Aneurysm  
Other conditions 4/6/1  
(Include pregnancy within 3 months of death)

Duration  
2 yrs.?  
3 days  
4 days  
PHYSICIAN  
Underline the cause to which death be charged statistically.

Major findings: Locally enlarged, chronically inflamed, gall bladder & stones.  
Of autopsy

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?  
701  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature James Edward M. D. (M. D. or other) \_\_\_\_\_  
Address St. Louis Co. Hosp. Date signed 7/29/40

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

26  
22  
2

**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 Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address: Overland Mo

**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.**