

FILED AUG 28 1941  
Registration District No. 101

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 Days  
(Specify whether  
In this community 0 years, months or days)

3. (a) PRINT FULL NAME Frank Kain

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 15 years 1876 (Day) (Year)

8. AGE: Years 64 Months 8 Days 7 If less than one day hr. min. 4

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

10. Usual occupation Gardwork

11. Industry or business Ben Wander

12. Name Unknown

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace German (City, town, or county) (State or foreign country)

16. (a) Informant Ben Wander

(b) Address 1837 Russell

17. (a) Burial (b) Date thereof 7-23-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter + Paul

18. (a) Signature of funeral director F. K. Schaefer

(b) Address 4228 N. Kingshighway

19. (a) JUL 23 1941 (b) J. T. Sedwick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17  
(c) City or town St. Louis X 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown no Home (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22, year 1941 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from July 9, 1941 to July 22, 1941, that I last saw him alive on July 22, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the esophagus Duration 19524 mos

Due to H/O

Other conditions The-pulmonary Quiescent

Major findings: Of operations

Of autopsy Carcinoma - lower 3rd. esophagus

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 (a) Means of injury

23. Signature L. V. Mueller (M. D.) 10  
Address 1515 Lafayette Avenue, Date signed 6/23/41

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

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**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.....

*No Embalming*....., 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, fact should be so stated above.**