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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33481**
Registrar's No. **8437**

FILLED NOV 24 1941
791

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1032 Grand View Pl. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1032 Grand View Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lynn W. McCane

3. (b) If veteran, name war NIL 3. (c) Social Security No. XXXX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel McCane 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 24, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 28 hr. min.

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

10. Usual occupation Librarian

11. Industry or business St. Louis Bar Ass'n.

MOTHER FATHER

12. Name James McCane

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

14. Maiden name Catherine Todd

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

16. (a) Informant Hazel McCane

(b) Address 1032 Grand View Pl.

17. (a) Burial (b) Date thereof 10/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) Oct 24 1941 (b) J. J. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1941 hour 11 minute _____ P.M.

21. I hereby certify that I attended the deceased from Nov 28, 1940 to Oct 22, 1941
that I last saw him alive on Oct 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary disease 12 months
myocarditis 12 months

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of 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) _____

(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 J. R. Jones (M. D. or other) _____

Address 539 N. Grand Date signed Oct 24/41

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..... *Henry Eynck*.....
Licensed Embalmer No. *1284*.....
P. O. Address *St Louis 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, fact should be so stated above.