

No. 2  
1-4-41  
-17-39  
x283d

JAN 24 1942

Registration District No. 791

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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6015 Horton Place  
(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)

3. (a) PRINT FULL NAME Harriett Cain

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

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

6. (b) Name of husband or wife Mathew Cain 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov. 25, 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 6 If less than one day  
hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER  
12. Name Hugh Curran  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah O'Farrel  
15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas J. O'Connor

(b) Address 6203 Julian Ave.

17. (a) Burial (b) Date thereof Dec. 4/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) DEC 2 1941 (b) J. T. Budeck  
(Date received) (Registrar's signature)

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. 6015 Horton Place  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1  
year 1941 hour 3.15 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan 1  
1941, to DEC 1 - 1941

that I last saw her alive on 12-1-41 1941

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Hypertensive Heart Disease 1 yr

Due to.....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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?

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

23. Signature Chas. S. Rosen (M. D. or other)  
Address 426 N. Humboldt Bldg. Date signed 12-2-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Mr. Charles J. Pearson  
5598 E. 5th Ave.  
Tulsa, Okla.*

**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..... *A. Kelly*.....  
Licensed Embalmer No..... 3225.....  
P. O. Address..... 1125 Hodiament Ave.....

**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.**