

**FILED** APR 12 1946  
318

1003

Registrar's No. 3077

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. John's  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 Days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

(c) City or town Highland, Illinois  
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. Rural Route #1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Edward McCain

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 30  
year 46 hour I minute P. M.

21. I hereby certify that I attended the deceased from 2-27-46  
to 3-30-46  
that I last saw him LM alive on MARCH 30  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased: June II 1907  
(Month) (Day) (Year)

Immediate cause of death: BRONCHOGENIC CARCINOMA  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 38 Months 9 Days 19  
If less than one day hr. min.

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: CONFIRMED ABOVE

10. Usual occupation LABORER

11. Industry or business SHOE FACTORY

MOTHER FATHER

12. Name Arthur F. McCain

13. Birthplace Marine Township Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Lucretia Pointer

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

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Of autopsy \_\_\_\_\_

16. (a) Informant Pollie Grand

(b) Address East St. Louis, Ill.

17. (a) Removal (b) Date thereof: 3 30 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Troy Ill.

18. (a) Signature of funeral director James P. ...

(b) Address Collinsville, Ill.

19. (a) APR 2 1946 (Date received by registrar)  
J. F. ... (Registrar's signature)

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 0

23. Signature James P. ... (M. D. or other)  
Address 1634 N GRAND Date signed 3/30/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
10286

2208

*Not Embalmed* 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 *Herbert A. Kapsky*.....

Licensed Embalmer No. *6890*.....

P. O. Address *Collinsville, Ill*.....

**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.**