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5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18674

Primary Registration District No. 1003

Registrar's No. 4887

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 2244a Nebraska Avenue (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") 17

(d) Street No. 23 2244a Nebraska Avenue (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Frank Cain

3. (b) If veteran, name war No

3. (c) Social Security No. 497-09-2850

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Theresa

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January (Month) 3rd, (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	4	10	hr. min.

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

10. Usual occupation paperhanger

11. Industry or business Gummels

FATHER

12. Name Unknown

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

MOTHER

14. Maiden name Unknown

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

16. (a) Informant Grace Cain

(b) Address 2244a Nebraska, St. Louis, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 16, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Wacker-Helderle U. & L. Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAY 13 1947 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1947 hour 12 minute 57 P. M.

21. I hereby certify that I attended the deceased from March 1947, 19 to May 13 1947 that I last saw him alive on May 13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis or nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. Berg (M. D. or other)

Address 2253 Nebraska Date signed 5/14/47

Jefferson City Registrar Co. MAY 15 1947

(Licensed Embalmer's Statement on Reverse Side) R. Berg.

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.....

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.