

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 5 1950

318

1003

State File No. 28065
7321
Registrar's No.

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|--|--|---|--|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | 2189 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4463a Gibson Ave.</u> | | | | STREET ADDRESS (If rural, give location) <u>4463a Gibson Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>EMMA C. CAIN</u> | | | a. (First) _____ b. (Middle) _____ c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26 1950</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>May 15, 1871</u> | |
| 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 10 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Marion County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ |
| 13a. FATHER'S NAME <u>Marcus Hefti</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Anna Hefti</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Late John W. Cain</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth Lucas 4463a Gibson Ave.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC INSUFFICIENCY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS, GENERAL</u> DUE TO (c) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARCINOMA of Rt. BREAST</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u> <u>5 YEARS</u> <u>3 YEARS</u> <u>5 YEARS</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>443X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>15 AUG, 1950</u> , to <u>26 AUG, 1950</u> , that I last saw the deceased alive on <u>26 AUG, 1950</u> , and that death occurred at <u>2:50A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John W. Seddon M.D. U</u> | | | | 23b. ADDRESS <u>4500 West Pine Blvd. St. Louis Mo.</u> | | 23c. DATE SIGNED <u>28 Aug '50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u> | | 24b. DATE <u>Aug. 29, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 29 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Pasater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u> | | | |

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard V. Stavesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.