

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42510**
Registrar's No. **11099**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION. **Mo. Baptist Hosp.**

6. STREET ADDRESS (If rural, give location) **5055a Northland avenue** 2069

3. NAME OF DECEASED a. (First) **MARGARET** b. (Middle) _____ c. (Last) **KAIN**

4. DATE OF DEATH (Month) (Day) (Year) **12-1-54**

5. SEX **Female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed**

8. DATE OF BIRTH **10-26-1872** 9. AGE (In years last birthday) **82** IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **at home**

11. BIRTHPLACE (City and State or Foreign Country) **Patoka, Ill.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Micheal Joyce** 13b. MOTHER'S MAIDEN NAME **Mary Carmody** 14. NAME OF HUSBAND OR WIFE **Edward Kain**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mary Logan, 5055a Northland ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Paralysis of both vocal cords INFL.**

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Undetermined Tumor in the neck** DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS **Dehydration Advanced age.**

INTERVAL BETWEEN ONSET AND DEATH **unknown**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **29 Nov., 1954** to **1 Dec., 1954**, that I last saw the deceased alive on **1 Dec., 1954**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W.B. Cairns, M.D.** 23b. ADDRESS **3720 Washington Ave.** 23c. DATE SIGNED **6 Dec 54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **12-3-54** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **Sandoval, Ill.**

DATE REC'D BY LOCAL REG. **DEC 6 1954** REGISTRAR'S SIGNATURE **J. Earl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Cox and Martin, Sandoval, Ill.**

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.