

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **14314**

FILED APR 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **846**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay</b>		c. CITY OR TOWN <b>Lemay</b> <b>H 85 0</b>	
c. LENGTH OF STAY (in this place) <b>14 Yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>654 Beatrice Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>654 Beatrice</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>JOHN KAIN</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Apr. 10, 1955</b>		
a. (First)		b. (Middle)		c. (Last)	

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 21, 1896</b>	<b>9. AGE</b> (In years last birthday) <b>58</b>	<b>IF UNDER 1 YEAR</b> Month <b>0</b> Days <b>0</b>	<b>IF UNDER 24 HRS.</b> Hours <b>0</b> Min. <b>0</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Lowell Bleachery</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Austria</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Joseph Kain</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Wolf</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Josephine Kain</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>492-07-6530</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Josephine Kain</b>	<b>ADDRESS</b> <b>654 Beatrice Ave.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinoma of abdominal</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 mos</b>  <b>19 mos</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma rectum</b>		
	DUE TO (c) <b>...</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <b>11/19/1954</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Liver + gland metastases</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>154X</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Sept, 1953, to 4-10, 1955, that I last saw the deceased alive on 4-9-, 1955, and that death occurred at 9:15P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>R. Hackney</b>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>4703<sup>a</sup> Virginia</b>	<b>23c. DATE SIGNED</b> <b>4/12/55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>4/14/55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Hope Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Lemay 23, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>4/12/55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Richard R. ...</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Fiedler Und. Co.</b>	<b>ADDRESS</b> <b>7420 Michigan Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

Dr. Hackmeyer  
4703 Virginia Ave.

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 *W. G. Peterson* .....

Licensed Embalmer No. *376*

P. O. Address *7420 Mi*

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.