

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

500 State File No. 27050

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 531	Registrar's No. 1637
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings R		c. LENGTH OF STAY (in this place) 8 mos	c. CITY OR TOWN Woodsen Gardens	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Halls Ferry Memorial Home		e. STREET ADDRESS (If rural, give location) 9734 Harold Dr.		
3. NAME OF DECEASED (Type or Print) a. (First) Ruby		b. (Middle) (NMN)	c. (Last) McCain	4. DATE OF DEATH (Month) (Day) (Year) 6 26 57
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 9, 1882	9. AGE (in years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 14 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) Cape Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Charles Drum		13b. MOTHER'S MAIDEN NAME (unknown)		14. NAME OF HUSBAND OR WIFE Cyrus McCain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harry McCain 834 Tourville Dr.
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES (b) Hypertensive Cardia - rise to the above cause (a) stating the underlying cause last. (c) vascular disease 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 wk unknown
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov 25, 1956, to June 26, 1957, that I last saw the deceased alive on June 24, 1957, and that death occurred at 11:20 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Lewis Littmann (Degree or title)		23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 6/27/57
24a. BURIAL, CREMATION, REMOVAL (Specify) - Burial		24b. DATE 6/29/57		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert D. Kinealy 2228 St. Louis Ave.		
DATE REC'D BY LOCAL REG. 6-28-57		REGISTRAR'S SIGNATURE Herbert B. Dunkel		

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. 4596
P. O. Address Florissant

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.