

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

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45685

STATE FILE NUMBER

12568

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo Pac. Hosp.</i>		Length of stay in lb <i>16 DAYS</i>	d. STREET ADDRESS <i>7110 Canterbury</i>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Edward Sr. CAIN</i>			4. DATE OF DEATH Month <i>12</i> Day <i>27</i> Year <i>1957</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>DEC. 12 - 1881</i>		9. AGE (In years or birthday) <i>76</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Inspector - R.R. CAR REPAIR.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>RAILROAD</i>		11. BIRTHPLACE (City and state or country) <i>ST. LOUIS, MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13. FATHER'S NAME <i>JAMES CAIN</i>			14. MOTHER'S MAIDEN NAME <i>ELIZABETH BRADY</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>497-18-6804</i>		17. INFORMANT Address <i>LOUISE CAIN - 7110 CANTERBURY</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>					INTERVAL BETWEEN ONSET AND DEATH <i>17/11/57</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>Pulmonary Emphysema</i>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Dec. 11, 1957</i> to <i>Dec. 27, 1957</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>Dec. 27, 1957</i> Death occurred at <i>5:55 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Edward J. Hosts M.D.</i>			22b. ADDRESS <i>Mo. Pac. Bus. Hosp.</i>		22c. DATE SIGNED <i>12/28/57</i>
23a. BURIAL/CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>12-31-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CALVARY-CEMETERY</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo</i>
24. FUNERAL DIRECTOR <i>JAY-B-SMITH-MAPLEWOOD 17 Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>DEC 30 57</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>

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**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 *J Allen Davis*.....  
Licensed Embalmer No. *485*.....

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.