

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-1003738

STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Missouri - St. Louis Co.		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Clayton		c. CITY OR TOWN Webster Groves	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital		d. STREET ADDRESS (If outside, give location) 104 Almonten	

3. NAME OF DECEASED (Type or print) First Middle Last Lulu McCain			4. DATE OF DEATH Month . Day Year 1 - 11 - 59		
5. SEX F 3	6. COLOR OR RACE C	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 2, 1890		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Huntsville Ala.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Coleman Brandon		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Thomas McCain	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Albert Alexander 104 Almonten	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) <u>debilitation due to metastatic carcinoma of rectum</u> DUE TO (c) <u>carcinoma of rectum</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a))			INTERVAL BETWEEN ONSET AND DEATH 154x
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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 11-24-58 to 1-11-59 and last saw her alive on 1-11-59 Death occurred at 553 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) Loril R. Martin M.D.		22b. ADDRESS 601 S. Brentwood Bl.		22c. DATE SIGNED 1/12/59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-16-1959		23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.	
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24. FUNERAL DIRECTOR E. B. Koonce		ADDRESS 1221 N. Grand		25. DATE RECD. BY LOCAL REP. 1-13-59		26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

EXPIRES MAY 1 1967

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 Melvin Blackbe
Licensed Embalmer No. # 3906
P. O. Address 1221 W. Dr

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.