

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16751

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis, Mo. (d) Street No. 5090 Maple Ave Registration District No. 791 Primary Registration District No. 1002 Registered No. 4612
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie Cain

(a) Residence, No. 3225 Shenandoah St. 17
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fletcher Cain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Metropolis
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Isaac S. Yost
 14. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rebecca J. Mullen
 16. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

17. INFORMANT Fletcher Cain
 (ADDRESS) 3225 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 5/21/38

19. FUNERAL DIRECTOR Edith E. Ambruster
 (ADDRESS) 4234 Manchester

20. FILED MAY 20 1938 J. D. Budick
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20/38 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938 to May 20, 1938
 I last saw her alive on May 12, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Carcinoma of uterus
Primary seat uterus

Date of onset
48

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Dr. A. Thomson, M. D.
 (Signed) J. D. Budick
 (Address) 312 1/2 Grand

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Florenz Eynck

Licensed Embalmer No. 1284

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.)