

1939 MAY 10

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

13337
Do not use this space.

791
1008

Registered No. 3679

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791
 (b) Township St. Louis, Mo. Primary Registration District No. 1008 Registered No. 3679
 (c) City St. Louis, Mo. (d) Street No. Saint Louis Maternity Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Cain Infant

(a) Residence, No. FAYETTE MO St. WR St. Louis County
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 20 hrs. or 25 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.
 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) (STATE OR COUNTRY) Saint Louis, Missouri

FATHER 13. NAME Paul A. Cain
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Falls, Texas

MOTHER 15. MAIDEN NAME Katherine Carews Tolson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Missouri

17. INFORMANT (ADDRESS) Paul A. Cain Fayette Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fayette Mo DATE 4-20-39

19. FUNERAL DIRECTOR (ADDRESS) Holley Funeral Home Fayette Mo

20. FILED APR 20 1939 J. M. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1939, to April 19, 11:00 P.M., 1939
 I last saw him alive on April 19, 1939, 10:30 P.M. Death is said to have occurred on the date stated above, at 11:00 P.M.

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

Coronary artery disease, acute undetermined
Respiratory failure, acute undetermined

Date of onset 1 day

Other contributory causes of importance: None

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1939
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) Stacy D. Hoffman, M. D.
 (Address) 4932 Maple Ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004
50M-7-20-37

STATEMENT BY LICENSED EMBALMER

I, *No Embalmer*, Licensed Embalmer No.

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)