R 18 1939

REC'D MAY 11 1939

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

16096
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis 3 Registration District No. 784
(b) Township ..... Primary Registration District No. 500 Registered No. 698
or
(c) City Manchester (d) Street No. Manchester Nursing Home 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 500 Fannie E Cain
(a) Residence, No. ..... St. ☐ .....
(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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marion Cain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10 - 1866
7. AGE: YEARS 73 | MONTHS 1 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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): Kane, Greene Co, Ill

FATHER
13. NAME: Sam Carman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bordentown N.J.

MOTHER
15. MAIDEN NAME: Evelyn Hulse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.J.

17. INFORMANT (ADDRESS): Russell Cain 4434 Marcus
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mathews Cem DATE Apr 20, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fred M Williams 4535 Washington
20. FILED APR 18 1939 19 N C Meyer M D Dr PH Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to April 18, 1939.
I last saw her alive on April 16, 1939. Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93c	

Other contributory causes of importance:
arterio-sclerosis,

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? .....
If so, specify .....
(Signed) Lillian V. Young, M. D.
(Address) 4511 N. 20th St.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert H. Happ

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.