

FILED JAN 21 1941

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10189

Registration District No. 791

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 20 hours
(Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3305 Caroline Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1941 hour 7 minute 55 a. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypertrophy of Heart;
Mural Thrombus of Heart.

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature Walter Perry (M. D. or other) _____

Address 1234 Lafayette Date signed 12/23/41

3. (a) PRINT FULL NAME WILLIAM HARLAN CAIN

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex male () 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Carmen 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 5 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 17 hr. _____ min.

9. Birthplace Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Sam Feldman

12. Name Frank Cain

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Shelton

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Carmen Cain

(b) Address 3305 Caroline Street

17. (a) burial (b) Date thereof 12-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 3301 Lafayette Avenue

19. (a) DEC 23 1941 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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179

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.....

Ralph C. Linders, Registered Apprentice No. *281*
working under my personal supervision.

Signed *L R Cooper*
Licensed Embalmer No. *3633*
P. O. Address *2317 Lafayette*

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 this body is not embalmed, fact should be so stated above.