

FILED MAR 17 1942
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Registration District No. Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County St. Louis
 (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. (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 11 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3225 Montgomery St. 9
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Frank J. Cairns
 (b) If veteran, name war
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 8
 year 1942 hour 10:25 minute A. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Single
 (b) Name of husband or wife
 (c) Age of husband or wife if alive 4 years 1867
 7. Birth date of deceased August 4 1867
 (Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	74	6	4	hr. min.

Immediate cause of death
 Due to Coronary Sclerosis
 Due to Arterio Sclerosis
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Clothing Cutter

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Duration
 Signature: [Handwritten Signature]

MOTHER FATHER

11. Industry or business
 12. Name Frank T. Cairns
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Dunn
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Murphy
 (b) Address 3225 Montgomery St.
 17. (a) Burial (b) Date thereof 2 - 11-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Cullinane Bros.
 (b) Address 1710 N. Grand Blvd.
 19. (a) FEB 10 1942 (b) J. F. Budeck
 (Date received local registrar) (Registrar's signature)

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?
 (Specify type of place)
 While at work (e) Means of injury
 23. Signature Thomas J. Callahan
 Address Deputy Coroner Date signed 2/10/42

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

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Embalmed by Carpenters College.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.