

FILED MAY 4 1942

Registration District No. 1024

Primary Registration District No. 101

Registrar's No. 949

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4614a Shenandoah Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Earl Cain

3. (b) If veteran,

name war unknown

3. (c) Social Security

No. 489-201-3421

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Margie Cain 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased May 27 1906
(Month) (Day) (Year)

8. AGE: Years 35 Months 11 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Fruco Constr. Co.

MOTHER FATHER
12. Name William Cain
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Moslander
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Margie Cain
(b) Address 4614a Shenandoah

17. (a) BURIAL (b) Date thereof APR 30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAVEARY CEMETARY

18. (a) Signature of funeral director E. J. SCHULZ

(b) Address 3121 LAFAYETTE

19. (a) APR 28 1942 (b) C. H. McHenry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 27
year 1942 hour 6 minute :30 a.m.

21. I hereby certify that I attended the deceased from 4-17-42
to 4-27-42
that I last saw him alive on 4-27-42
and that death occurred on the date and hour stated above.

Immediate cause of death 1 Anaphylactic Shock Duration 6-8 hr.
Due to 2 Fibrosi obstruction 4 weeks

Due to 3 Peptic ulceration in pyloric region 10 months

Other conditions Epilepsy
(Include pregnancy within 6 months of death)

Major findings: Of operations 117-a2
Of autopsy Congest. Heart, obstruction, liver lung congestion

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 J. B. Lynn (M, D. or other) MD
Address St. Louis County Hospital Date signed 4-27-42

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

3096

MSW

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.....

Joseph B. Vollmer
working under my personal supervision.

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

Signed *Joseph B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 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.