S. No. 2
M—5-42
. 5-17-39
PI X32873

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

38556

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10911

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: 4633 TOWER GROVE PLACE
(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: 000 17 179

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4633 TOWER GROVE PLACE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM CAIN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY ELLEN CAIN

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased JUNE 23 (Month) 1858 (Day) (Year)

8. AGE: Years 84 Months 6 Days 5 If less than one day hr. min.

9. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

10. Usual occupation PENSIONED

11. Industry or business ENGINEER FIRE DEPARTMENT.

FATHER
12. Name JOHN CAIN
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH HART
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Ellen Cain
(b) Address 4633 Tower Grove Place

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec 31 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) DEC 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1942 hour 5 minute 10A M.

21. I hereby certify that I attended the deceased from Dec 20, 1942 to Dec 27, 1942
that I last saw him alive on Dec 27th 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to 4 years	
Due to Senile gangrene of both feet 15 days	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. A. Gebhardt 0 (M. D. or other)
Address 3438 Chippewa Date signed 12/29/42

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

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.