

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29752**
Registrar's No. **7626**

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 2179	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? 0 Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 17 4053 Castleman	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, City Hospital 1			

3. NAME OF DECEASED (Type or Print)		a. (First) Eli	b. (Middle) P.	c. (Last) Bain	4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 53		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0		8. DATE OF BIRTH Oct. 5, 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Building Trades		11. BIRTHPLACE (City and State or Foreign Country) Linn Mill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John A. Bain		13b. MOTHER'S MAIDEN NAME Arcelia Schmick		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-20-9891a		17. INFORMANT'S SIGNATURE OR NAME Mrs Arcelia Bain ADDRESS Warrenton, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		DUE TO (b) Carcinoma of Cecum		2 Days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Cardiac Decompensation		1 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1 Month	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 153X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-1-** 19 **53**, to **8-2-53**, that I last saw the deceased alive on **8-2-** 19 **53**, and that death occurred at **8:02P** m., from the causes and on the date stated above.

23a. SIGNATURE Mrs. M. Seely, M.D. (Degree or title)		23b. ADDRESS 1515 Lafayette Ave.		23c. DATE SIGNED 8-30-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-3-53		24c. NAME OF CEMETERY OR CREMATORY Warrenton	
				24d. LOCATION (City, town, or county) (State) Warrenton, Mo.	

DATE REC'D BY LOCAL REGISTRY'S SIGNATURE AUG 2 1953 J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 15 1954

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James Finley*.....

Licensed Embalmer No. *365*.....

P. O. Address *St Louis 8*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.