

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 20281  
Registrar's No. 5180

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 Missouri b. COUNTY 2659	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (In this place) 0	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		d. STREET ADDRESS (If rural, give location) 5 5826 Maple Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospt			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas	b. (Middle) F	c. (Last) Cain	4. DATE OF DEATH (Month) (Day) (Year) 6/9/54
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5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0	8. DATE OF BIRTH Feb 14 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleman	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (State or foreign country) Montgomery City, Mo 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Cain	13b. MOTHER'S MAIDEN NAME Mary Sherdain	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unk	17. INFORMANT'S SIGNATURE OR NAME J.C. Skinner	ADDRESS 829N. 23rd St East St. Louis
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Pelvis; Arterio Sclerosis; suffered due to (b) fall at his home on or about May 25 1954 DUE TO (c) exact time unknown		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 25 54 3 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 000 E9040
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:10P m., from the causes and on the date stated above. 21

23a. SIGNATURE Joseph H. Jundt	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6/10/54
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24a. BURIAL, CREMATION/REMOVAL (Specify) Removal	24b. DATE 6/11/54	24c. NAME OF CEMETERY OR CREMATORY Montgomery City Cem.	24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.
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DATE REC'D BY LOCAL REG. JUN 10 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 Hodiament Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S.P. (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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Alfred J. Boedecker*

Licensed Embalmer No. *21663*

P. O. Address *1125 Hudson*

**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.