

No. 300
10.48

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6251
State File No. 1309
Registrar's No.

318 1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 9th & Salisbury, City Morgue		e. STREET ADDRESS (If rural, give location) 26 2029a Bremen Avenue 226 9 0			
3. NAME OF DECEASED (Type or Print) a. (First) Melvin		b. (Middle) K.		c. (Last) Cain	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1956.		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH April 3, 1918		9. AGE (In years last birthday) 37	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Allen Industries		11. BIRTHPLACE (City and State or Foreign Country) Bismark, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Cain		13b. MOTHER'S MAIDEN NAME Laura -	
14. NAME OF HUSBAND OR WIFE Mrs Dorothy Cain		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 486-14-0355	
17. INFORMANT'S SIGNATURE OR NAME Mrs Dorothy Cain, 2029a Bremen Avenue		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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Gunshot Wound of Skull and Brain, self inflicted in home on about the 4th of July, 1956, exact time unknown. While suffering from a DURET II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death. Compensatory Mental Aberration	
20. INTERVAL BETWEEN ONSET AND DEATH		21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION 976X F-9877	
23. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		24. ACCIDENT (Specify) Suicide		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
26. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo.		27. TIME OF INJURY (Month) (Day) (Year) (Hour) July 4 56 ? m.		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?		30. I hereby certify that I attended the deceased from 1956, to 1956, that I last saw the deceased alive on 1956, and that death occurred at 400 p.m., from the causes and on the date stated above.			
31. SIGNATURE James M Kelly Deputy Registrar		32. ADDRESS 1300 Clark		33. DATE SIGNED 2-7-56	
34. BURIAL, CREMATION, REMOVAL Removal		35. DATE 2-8-1956		36. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
37. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		38. DATE REC'D BY LOCAL REG. FEB 7 1956		39. REGISTRAR'S SIGNATURE Carl Smith M.D.	
40. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc.		41. ADDRESS 2161 E. Fair Ave.			

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

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.....
W. H. Hays

Licensed Embalmer No. *375*

P. O. Address *St. Louis*

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.