

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24871

FILED JUL 20 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6115

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 2003 Maury Ave. 21790	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2003 Maury Ave.			

3. NAME OF DECEASED (Type or Print)	a. (First) EUGENIA	b. (Middle) B.	c. (Last) CAIN	4. DATE OF DEATH (Month) (Day) (Year) June 27 1956
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5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow	8. DATE OF BIRTH: Feb. 10, 1883	9. AGE (In years last birthday): 73	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?: U.S.A.
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13a. FATHER'S NAME: James Smith	13b. MOTHER'S MAIDEN NAME: Margaret Carey	14. NAME OF HUSBAND OR WIFE: Late James C. Cain
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service): No None	16. SOCIAL SECURITY NO.:	17. INFORMANT'S SIGNATURE OR NAME: George J. Gross	ADDRESS: 2003a Maury Ave.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon c		INTERVAL BETWEEN ONSET AND DEATH: 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Melastases		
	11. 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: 153x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1965, 19 to June, 1956, that I last saw the deceased alive on June 27, 1956, and that death occurred at 3:00P m., from the causes and on the date stated above.

23a. SIGNATURE: Thos M. Washburn MD	23b. ADDRESS: 634 No Grand	23c. DATE SIGNED: 6/28/56
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24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: June 30, 1956	24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery	24d. LOCATION (City, town, or county) (State): St. Louis, Mo.
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DATE REC'D BY LOCAL REG.: JUN 28 1956	REGISTRAR'S SIGNATURE: Pearl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE: Kriegshauser	ADDRESS: 4228 S. Kingshighway Bl.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS MAR 14 1960

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.....
Richard W. Storass

Licensed Embalmer No. *400*

P. O. Address

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.