

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16604

1. PLACE OF DEATH

County.....
Towship.....
City St. Louis, Mo. (No. 5600)

Registration District 791
Primary Registration District 1003
 Arsenal

File No. 14708
Register No. 24th Ward

2. FULL NAME Charles Rayner

(a) Residence. No. 1320 Big Bend St., 13 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4, 1874

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|--------|-----------|-----------|-----------|--|
| | <u>54</u> | <u>10</u> | <u>18</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Geo. Rayner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER Martha Bongsten

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT L. Kroger (Address) 5600 Arsenal

15. FILED Wm C. Tanker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/22 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/29, 1929, to 4/22, 1929 that I last saw him alive on 4/22, 1929 and that death occurred, on the date stated above, at 8:05 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Explosion of Izer (Nontraumatic)
Pneumonia, lobar
108 (duration) yrs. mos. da.
15-18 Nephritis, Acute
CONTRIBUTORY (SECONDARY)
1320 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 1320 Big Bend Road.
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Wm C. Tanker, M. D.
4/23 1929 (Address) 5600 Arsenal St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tridlers Cemetery DATE OF BURIAL 4-25-1929
20. UNDERTAKER McLaughlin ADDRESS 1631 mo ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

37
2
5
31

