

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

Do not use this space.

7375

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1002
City St. Louis Mo. (No. St. Mary's Infirmary) St. Ward)

File No.
Registered No. 1691
St. Ward)

2. FULL NAME

San Millibert Raines
(a) Residence. No. 717 Marion St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>M.</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>infant</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 16 - 1930</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>2</u> | <u>24</u> |
| | 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | |
| 9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u> | | |
| PARENTS | 10. NAME OF FATHER <u>John Raines</u> | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY) | |
| | 12. MAIDEN NAME OF MOTHER <u>Effie Hawkins</u> | |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY) | |
| 14. INFORMANT <u>Mr John Raines</u> (Address) <u>717 Marion St.</u> | | |
| 15. FILED <u>Feb 11 1931</u> REGISTRAR <u>Max C. Standley</u> | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/9 1931
17. I HEREBY CERTIFY, That I attended deceased from 2/3/31 1931 to 2/9/31 1931
that I last saw him alive on 2/8/31 1931, and that death occurred, on the date stated above, at 11:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
Primary
107A (duration) yrs. mos. ds. 7
CONTRIBUTORY (SECONDARY) 107A (duration) yrs. mos. ds. 7
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 717 Marion

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Rosmether M. D.
7/9 1931 (Address) 1536 Pepin

*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 St Matthews Cem. DATE OF BURIAL Feb 10 1931
20. UNDERTAKER E. J. Schuur ADDRESS 3125 Lafayette

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

