

APR 25 1934

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 7911  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. St. Louis Children's Hosp. St. Ward) Registered No. 10741  
2577

**2. FULL NAME**

(a) Residence, No. Virginia RAYNER No. 2705 No. 20th St., 20 Ward. City  
 (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<br><u>FEMALE</u>  |   | 4. COLOR OR RACE<br><u>White</u> |   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                                 |   |                                  |   |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 9 '28</u>                                   |   |                                  |   |   |  |
| 7. AGE   |   | YEARS                            | MONTHS  | DAYS  | If LESS than 1 day, ..... hrs. or ..... min. |
|  |   | <u>5</u>                         | <u>6</u>  | <u>3</u>  |  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. |                                  |   |   |  |
|  | <u>Ch. - 19</u>   |                                  |   |   |  |
| FATHER   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.          |                                  |   |   |  |
|  |   |                                  |   |   |  |
| MOTHER   | 10. Date deceased last worked at this occupation (month and year)                           |                                  | 11. Total time (years) spent in this occupation |   |  |
|  |   |                                  |   |   |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>                       |   |                                  |   |   |  |
| 13. NAME <u>Alois Rayner</u>   |   |                                  |   |   |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ellisville, Mo.</u>                      |   |                                  |   |   |  |
| 15. MAIDEN NAME <u>Myrtle Webb</u>   |   |                                  |   |   |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hunter, Mo.</u>                          |   |                                  |   |   |  |
| 17. INFORMANT (ADDRESS) <u>J. Blum</u><br><u>501 S. Kings Highway</u>                        |   |                                  |   |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ellisville Mo</u> DATE <u>Mar 14</u> 19 <u>34</u> |   |                                  |   |   |  |
| 19. UNDERTAKER (ADDRESS) <u>Bidwinnin funeral Home</u><br><u>1936 S. Bond St.</u>            |   |                                  |   |   |  |
| 20. FILED <u>R. J. Brebeck</u> Registrar.  |   |                                  |   |   |  |

**MEDICAL CERTIFICATE OF DEATH**

**5**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1933, to MAR. 13, 1934  
 I last saw her alive on MAR. 13, 1934 Death is said to have occurred on the date stated above, at 1:25 am.  
 The principal cause of death and related causes of importance were as follows:

|  |                               |
|--|-------------------------------|
| Date of onset                            | <u>1932?</u>                  |
| <u>Nephrosis</u>                         | <u>Chronic Bright Disease</u> |
| Other contributory causes of importance: | <u>131</u>                    |
| <u>Pericarditis + Peritonitis cause</u>  | <u>Unknown</u>                |
| <u>Broncho-pneumonia</u>                 |                               |

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) E. J. Huescock M.D.  
 (Address) St. Louis Childrens Hospital

