APR 11 1936

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

Do not use this space.

File No. 8629
Registered No. 2349

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. 1309 Laurel Ave., St. ..... Ward)

2. FULL NAME Mary A. Rahner

(a) Residence, No. 1309 Laurel Ave., St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writs* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolteacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School House
10. Date deceased last worked at this occupation (month and year) Feb. 1936
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Ills.

FATHER

13. NAME Lewis L. Rahner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg, Ohio.

MOTHER

15. MAIDEN NAME Addie Mc Coy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Ill.

17. INFORMANT Ethel C. Meneto
(ADDRESS) 4936a Murdock

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon Ill. DATE 2/21/36, 19

19. UNDERTAKER Alexander Sons
(ADDRESS) 6175 Delmar, St. Louis, Mo.

20. FILED MAR 3 1936 J. F. Breheck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1936, to Feb 17, 1936
I last saw him alive on Feb 17, 1936. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Edematous Laryngitis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. A. Fisher, M. D.
(Address) 5988 Easton 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.