

JUL 27 1936

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

Do not use this space.

24153

1. PLACE OF DEATH
 County St Louis Registration District No. 790
 Township Clayton Primary Registration District No. 60389
 City St Louis St Louis County (Ward)
 2. FULL NAME Randall Lee Wainman
 (a) Residence, No. F. Crescent Mo. Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Never been
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-3-36
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 27 hrs. or min.
almost 3 days — 2 +
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Clayton Mo.
 MOTHER FATHER
 13. NAME William Wainman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo
 MOTHER
 15. MAIDEN NAME Virginia Hulst
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas Mo
 17. INFORMANT Mrs. Wainman
 (ADDRESS) inches
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clayton Mo DATE June 2 1936
 19. UNDERTAKER District Funeral Home
 (ADDRESS) 2319 North Perry Rd
 20. FILED 6/6 1936 D. J. Eggenell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6, 1936
 22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1936, to 6-6, 1936.
 I last saw him alive on 6-6, 1936. Death is said to have occurred on the date stated above, at 2A m.
 The principal cause of death and related causes of importance were as follows:
asphyxia neonatorum
 Date of onset _____
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 Other contributory causes of importance:
premature birth
perinatal delivery
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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) R. A. Schilling, M. D.
 (Address) St Louis Co. Mo

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.

