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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City St. Louis, Mo. (No. Post Hospital St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. 21380
Registered No. 203

2. FULL NAME Geneva June Rainey
(a) Residence, No. 124 East Arlee St., St. St. Louis County, Mo.
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 - 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
32	11	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own house
10. Date deceased last worked at this occupation (month and year) May 12, 1937
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) Bellview
(STATE OR COUNTRY) Missouri

FATHER
13. NAME James Hatridge
14. BIRTHPLACE (CITY OR TOWN) Bellview
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Alice McClain
16. BIRTHPLACE (CITY OR TOWN) Quaker
(STATE OR COUNTRY) Missouri

17. INFORMANT Virgil Rainey
(ADDRESS) 124 East Arlee St., St. Louis, County, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ironton, Mo. DATE May 14, 37

19. UNDERTAKER C. Hoffmeister U.&.L.co.
(ADDRESS) 814 S. Broadway

20. FILED May 13, 1937 G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937, to May 12, 1937
I last saw him alive on May 12, 1937 Death is said to have occurred on the date stated above, at 1:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	5/12/37

1/10

Other contributory causes of importance:

Name of operation Rapid delivery by forceps Date of 5/12/37
What test confirmed diagnosis? None 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) P. A. Brickey, Major, Medical Comps.
(Address) Jefferson Barracks, Missouri.