

JUN 29 1937

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

Do not use this space. 0

21381

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Jefferson Bks., Mo. (No. Post Hospital)

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

File No. _____
Registered No. 204
St. _____ Ward _____

2. FULL NAME Infant daughter (stillborn) of Virgil and Geneva Rainey

(a) Residence, No. _____ St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1937.

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

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Nil

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) Jefferson Barracks Missouri

13. NAME Virgil Rainey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Divide Arkansas

15. MAIDEN NAME Geneva June Hatridge

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

17. INFORMANT (ADDRESS) Virgil Rainey 124 Earlee St., St. Louis, County, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ironton, Mo. DATE May 14, 1937

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway

20. FILED May 13, 1937 E. Mowrey 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 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset 5/12/37

Other contributory causes of importance:

Name of operation None Date of _____
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.

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 Corps
(Address) Jefferson Bldg - Mo

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.

