

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.

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

5086
Do not use this space.

REC'D MAR 14 1938

791

1003

1731

1. PLACE OF DEATH

(a) County..... Registration District No.
 (b) Township..... Primary Registration District No.
 (c) City St Louis..... (d) Street No. Peoples Hosp..... Registered No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. — mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 500 5th St St Louis Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarine Rainey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 10 - 1899</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>11</u>
	DAYS <u>05</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>	11. Total time (years) spent in this occupation <u>27 yrs</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Meat Packing</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1927</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan City, Miss</u>		
FATHER	13. NAME <u>Grant Rainey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan City, Miss</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Epps</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
17. INFORMANT (ADDRESS) <u>Lucy Washington, 818 St Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis Ill</u> DATE <u>2-18-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Fun. Office, E. St Louis Ill</u>		
20. FILED <u>FEB 18 1938</u> <u>St. Bredek</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1938 to Feb 15 1938

I last saw him alive on Feb 15 1938 Death is said to have occurred on the date stated above, at 2nd a. m.

The principal cause of death and related causes of importance were as follows:
Acute Peritonitis Date of onset Feb 12

Other contributory causes of importance:
Acute Suppurating Appendicitis Feb 10 -
Intestinal Obstruction

Name of operation Appendectomy Date of Feb 12 1938
 What test confirmed diagnosis? Clinical 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 Feb 12 1938
 Where did injury occur? St Louis Ill (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? No
 If so, specify St Louis Ill
 (Signed) Lucy Washington
 (Address) 818 St Louis Ill

SEP 26 1950

STATEMENT BY LICENSED EMBALMER

H. E. Offens

Licensed Embalmer No. *3518*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____

working under my personal supervision.

Registered Apprentice No. _____

Signed *H. E. Offens*

Licensed Embalmer No. *3518*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)