

REC'D APR 11 1938

B13642

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

9076
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... St. Louis (d) Street No. 2601 N Whittier St.
 (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 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Richard Rainey 500
 (a) Residence, No. 2207 Chestnut St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

Registered No. 2665

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Separated
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
 9. Industry or business in which work was done, as 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) Georgia
 FATHER 13. NAME Richard Rainey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia
 MOTHER 15. MAIDEN NAME Susie Beeker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia
 17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE St Louis U DATE 3-11 1938
 19. FUNERAL DIRECTOR W Richter
 (ADDRESS) 3500 Rutger St
 20. FILED MAR 21 1938 J.P. Redden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1938
 22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to March 2, 1938
 I last saw h. im. alive on March 2, 1938 Death said to have occurred on the date stated above, at 8:20a m.
 The principal cause of death and related causes of importance were as follows:
Hypertensive heart disease Date of onset 3/1/38
 Other contributory causes of importance:
 Name of operation..... Date of.....
 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....., 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) A. L. Lewis, M. D.
 (Address) 2601 N Whittier

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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