

7231 046575

State File No.

FILED JUN 10 1942 91

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4366

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillip Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution Enroute to Hospital
In this community 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St Louis, 23 17 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1534.S.2nd, Street,
(If rural, give location)
(e) Citizen of foreign country? Born U.S.A. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Raynor,

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male & 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 26 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Peoria, Peoria Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

12. Name George Raynor,

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Peoria Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Wife
(b) Address 1534 So. 2nd, St.

17. (a) Burial (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J. C. Burpee
(b) Address 1619 S. 3rd Street

19. (a) MAY 19 1942 (b) J. F. Medved
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1942 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Intracerebral hemorrhage (into right ventricle);

Due to
Due to

Other conditions Jaundice
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Aspiration

Duration
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature H. J. Brewer (M.D. or other)
Address 2609 Webster Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

179

#P

1956
M.C.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
myself
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

[Handwritten Signature]

..... Licensed Embalmer No. *2212*

P. O. Address *2812 Thacker St*

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.)

If this body is not embalmed, fact should be so stated above

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Home Phillip Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Raynor

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) JUN 29 1942 (b) J. F. Brebeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1534 19th St (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1942 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Thomas J. Callahan (M. D. or other) _____

Address Deputy Coroner Date signed 6/29/42

SUPPLEMENTARY

1942
S-16575