

ED MAR 15 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2127

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 3 Days (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 009
12

(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL.") 21

(d) Street No. 423 East Marceau
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Janet May Raines

3. (b) If veteran, name war... none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 13, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>0</u>	<u>21</u>	hr. min.

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

10. Usual occupation none

11. Industry or business.....

MOTHER, FATHER

12. Name Ray Raines

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

14. Maiden name Flora Harbuson

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

16. (a) Informant Ray Raines

(b) Address 423 East Marceau

17. (a) Burial (b) Date thereof Mar 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) J. F. Budeck (b) J. F. Budeck
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3,
year 1943 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from March
1, 1943, to March 3, 1943;
that I last saw her alive on March 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Brown dog bite on arm
February

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 10/1

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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) (b) Means of injury.....

23. Signature C. S. McKee or other.....
Address 1515 Lafayette Avenue Date signed 3/11/43

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed..... *Virgil A. Berryman*
..... Licensed Embalmer No. *4018*
..... P. O. Address *St Louis, Mo.*

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.)

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