

FILED APR 19 1943 18

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **3137**

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:
7139 Lanham /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **nil**
(Specify whether
 In this community.....
years, months or days)

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. **7139 Lanham**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Emma R. Rayle**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **F** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Thomas Rayle** 6. (c) Age of husband or wife if alive **67** years
 7. Birth date of deceased **June 25, 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 6 ..hr. ..min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Alec Willis**
 13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Rayle**
 (b) Address **7139 Lanham**

17. (a) **Burial** (b) Date thereof **4-3-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **Jay B. Smith**
 (b) Address **7456 Manchester**

19. (a) **APR 2 1943** (b) **J. F. Budeck**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31**
 year **1943** ..hour **1 PM** ..minute **—** ..M.

21. I hereby certify that I attended the deceased from **Feb 24** 19**43** to **March 31** 19**43**
 that I last saw her alive on **March 31** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
121
Chronic Parenchymatous Nephritis
 Other conditions **Chronic Parenchymatous Nephritis**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations.....
 Of autopsy.....

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) (M. D. or other)
 23. Signature **Emmett F. Townsend** **MD**
 Address **3101 1/2 Sutton Ave. Maplewood, Mo. 64143**

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

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:.....

Licensed Embalmer No. *4029*

P. O. Address..... *Maplewood*

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.