

FILED SEP 21 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2072

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Minnie Raining

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

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

6. (b) Name of husband or wife Henry Raining 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 29th, 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name James Wilsonholme

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

14. Maiden name Nora McCarthy

15. Birthplace Co. Cork Ireland (City, town, or county) (State or foreign country)

16. (a) Informant James Wilsonholme (bro.)

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Ave.

19. (a) SEP 15 1943 (Date received local registrar) (b) E. D. Mc Gavran, Jr. (Registrar's signature) 75

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
(c) City or town Webster Groves (If outside city or town limits, write "RURAL")
(d) Street No. 204 Cottage Avenue (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-13, 1943 to 9-13, 1943

that I last saw h. ee alive on 9-12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death, Acute Dilatation of Stomach with surgical shock causing Cardiac failure Duration 15 min

Due to Stenosing Ulcer of Duodenum 1 mo

Due to _____

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

Major findings: Perforating Stenosing Ulcer of Duodenum

Of autopsy 1781

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 Carl Brand (M. D. or other) _____
Address Webster Groves, Mo Date signed 9/14/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 W. W. Wilkins
Licensed Embalmer No. 3575

P. O. Address.....

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.