

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31457

FILED OCT 7 1947

State File No. _____
Registrar's No. 2015

Registration District No. 217

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town So. Kinloch Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lix and Oakridge Aves.
(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 Brownlee Rainey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife J. A. Rainey

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 28, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	4	28	9 hr. 30 min.

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

10. Usual occupation Postmistress

11. Industry or business U.S.P.O.

MOTHER FATHER

12. Name Wiley Baird

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

14. Maiden name Malinda Richmond

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

16. (a) Informant J. A. Rainey

(b) Address Kinloch, Mo.

17. (a) Burial (b) Date thereof Oct. 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) 9-30-46 (b) Ruth Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town So. Kinloch Park
(If outside city or town limits, write "RURAL")

(d) Street No. Lix and Oakridge Aves.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27
year 46 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from Oct Aug
10 - 1947 to Sept 27 - 1947
that I last saw her alive on Sept 26 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death of Colon Cancer

Due to _____

Due to 462

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)

(e) Means of injury _____

23. Signature Dr. Edward Bee (M. D. or other) _____
Address 2901 - Lakeside Date signed 9-27-47

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

DEC 1 1945

MAR 26 1952

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.....

Clark Young

Licensed Embalmer No.....

3311

P. O. Address.....

St. Louis

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.