

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution:
5627 Southwest Avenue
(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)

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. 5627 Southwest Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emily Raines

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased December 30th, 1866
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>80</u> | <u>2</u> | <u>13</u> | _____ hr. _____ min. |

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

10. Usual occupation home

11. Industry or business _____

12. Name Thomas Madeley

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

14. Maiden name Eliza Daves

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

MOTHER FATHER

16. (a) Informant Elmer F. Hacker

(b) Address 5627 Southwest, St. Louis, Mo.

17. (a) burial (b) Date thereof Mar. 15, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker-Keller & Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAR 14 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1947 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from 27 Dec 46 to 12 Mar 1947
that I last saw him alive on 12 Mar 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis
Pneumo-pneumonia

Due to Cerebral Apoplexy

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)
(e) Means of injury _____

23. Signature Richard W. Ray (M. D. or other) m.d.
Address 5930 Southworth Date signed 13 Mar 47

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.....

Frank J. Gland

Licensed Embalmer No. *2645*

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.