FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 31 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 24888

Registrar's No. 1703

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hosp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: D.O.A.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis 96
(c) City or town: Kinloch 2
(If outside city or town limits, write "RURAL")
(d) Street No.: Carsons Mable 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Robert Rainey

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: M 2

5. Color or race: Negro 1

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

6. (b) Name of husband or wife: Rosa Vera Rainey

6. (c) Age of husband or wife if alive: 35 years

7. Birth date of deceased: June (Month) 24 (Day) 1891 (Year)

8. AGE: Years 57 Months 0 Days 18 If less than one day hr. min.

9. Birthplace: Pine Bluff (City, town, or county) Ark. (State or foreign country)

10. Usual occupation: Tavern Keeper

11. Industry or business:

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name: Cleve Rainey

15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: V. Rainey
(b) Address: S. Kinloch Mo

17. (a) Burial, cremation, removal: Burial (b) Date thereof: 7-17-48
(c) Place: burial or cremation: Washington Park Cemetery, St. Louis Co.

18. (a) Signature of funeral director: Bert Bivos
(b) Address: Kinloch Mo

19. (a) 7-13-48 (Date received local registrar) Cecil G. Sharp M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12 year 48 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death: gunshot wound of abdomen, causing internal hemorrhage — Duration

Due to: 166

Due to:

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

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Homicide 96
(b) Date of occurrence: July 12, 1948
(c) Where did injury occur? S. Kinloch, St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) 1
While at work? (c) Means of injury: Gunshot wound 2

23. Signature: Arnold J. Wallmann Coroner M. D. or other
Address: Clayton, Mo. Date signed: 7/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

AUG 13 1948

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 Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

Lu 7664

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
City of St Louis

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13th day of Aug, 1948, before me appears Rosa Rainey, who, upon her oath, states that the original record of ~~birth~~ death for ROBERT RAINEY died ~~born~~ JULY 12th, 1948 in the State of Missouri, and which was filed at CLAYTON. ST. L. CO. on JULY 12, 1948, should be corrected as follows:

Item No. should read ROSA RAINEY
Instead of VIOLA RAINEY

Item No. should read WASHINGTON PARK CEMETARY ST. L. CO.
Instead of EAST ST. LOUIS ILL.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) HERBERT R. SPECKART
NOTARY PUBLIC
My Commission Expires July 27, 1949
4730 Page Blvd. RO. 9524

Affiant Rosa Rainey
Relationship.

3121 Indiana Ave.
Present Address.
Chicago 16 Ill

Subscribed and sworn to before me this 13th day of Aug, 1948.

My Commission expires July 27 49. Herbert R Speckart Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

% Pearl Jackson, St. Louis 13, Mo

Form V. S. 135
50M—8-43
I X37817

Please reach this back,
Thanking you in
advance,

S-24886