

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH18553
State File No. 4925
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) E. St. Louis		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ponounced dead. at				d. STREET ADDRESS (If rural, give location) R. R. #2			
3. NAME OF DECEASED (Type or Print) Harry		a. (First) City Hospital		c. (Last) Raines		4. DATE OF DEATH (Month) (Day) (Year) June 2, 1950	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 29, 1911	
9. AGE (In years last birthday) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector		10b. KIND OF BUSINESS OR INDUSTRY Mafg. R. R.		11. BIRTHPLACE (State or foreign country) Murphysboro, Ill.	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME William Raines		13b. MOTHER'S MAIDEN NAME Augusta Worthen		14. NAME OF HUSBAND OR WIFE Helen Raines	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 342-101944		17. INFORMANT'S SIGNATURE OR ADDRESS Augusta Raines, E. St. Louis, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External hemorrhage of penis; Ruptured bladder, suffered when DUED TO (b) fell over by box car # 3186 SLR x in switching yard on River Front DUED TO (c) 400 feet south of St. George St on track #2 about 330 pm June 2 1950				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident 1001				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. yard		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 2 50 330 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E802.1			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 335 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Deputy				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6/5/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 3, 1950		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Lem.		24d. LOCATION (City, town, or county) (State) Murphysboro, Ill.	
DATE REC'D BY LOCAL REG. JUN 5 1950		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE C. G. Kurns		
					ADDRESS E. St. Louis, Ill.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
CORR. BY EFF

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Charles G. Kinnick

Signed.....
Student Embalmer

Licensed Embalmer No.

486 12

P. O. Address.....

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.