

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25665

Registrar's No. 1688

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1688	
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Kinloch		c. LENGTH OF STAY (In this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) 9 Kinloch		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Cty. Hosp				d. STREET ADDRESS (If rural, give location) 530 Mable Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Delore b. (Middle) Belore c. (Last) Rainey		4. DATE OF DEATH 7-8-1950		5. SEX 3 Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 7-8-1933		9. AGE (In years last birthday) 17		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) house maid	
11. BIRTHPLACE (State or foreign country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Rainey		13b. MOTHER'S MAIDEN NAME Viola Maupss	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Viola Rainey Mother	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gunshot wound of head -suffered when shot by Alvin Brisco in tavern in S. Kinloch Park, Mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH E981X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tavern		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) So. Kinloch, St. Louis, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 10 50 m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? see above					
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Gerald J. Willmann (Degree or title) Coroner				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 7/12/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-14-1950		24c. NAME OF CEMETERY OR CREMATORY Washington Pk. Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Cty. Mo.	
DATE REC'D BY LOCAL REG. 7-12-50		REGISTRAR'S SIGNATURE Herbert C. Coulter		25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros Funeral Home Kinloch Mo.			

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

Food 3

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548^a Paep

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.