No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40049

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3688

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CLAYTON
c. LENGTH OF STAY (in this place) 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) S. Kenlock Park Mo 4071
d. STREET ADDRESS (If rural, give location) 1104 Oakridge

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) A
c. (Last) RAINEY

4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 1951

5. SEX MALE
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 24-1883
9. AGE (In years last birthday) 67
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician
10b. KIND OF BUSINESS OR INDUSTRY Physician
11. BIRTHPLACE (State or foreign country) Ft. Lewisburg Tenn.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Sam Rainey
13b. MOTHER'S MAIDEN NAME Melissa Wilson
14. NAME OF HUSBAND OR WIFE Brownlee Rainey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs S.A. Elliott ADDRESS 2013 Murphy, Mrs. Tenn

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 260X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-7, 1951, *to* 11-11, 1951 *that I last saw the deceased alive on* 11-11, 1951, *and that death occurred at* 12 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. C. Ernst (Degree or title) M.D.
23b. ADDRESS 6018 Brentwood Clayton 5, Mo.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL
24b. DATE Nov. 15/51
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

DATE REC'D BY LOCAL REG. 11-13-51
REGISTRAR'S SIGNATURE Herbert R. Donkemo
25. FUNERAL DIRECTOR'S SIGNATURE H. W. Bruce ADDRESS 4469 Washington

(Licensed Embalmer's Statement on Reverse Side)

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 Frederick P. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis, 4469 24 (8)

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.