

FILED JUL 2-1952

STANDARD CERTIFICATE OF DEATH

State File No. 22522
 Registrar's No. 5739

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION In route to City Hosp.		d. STREET ADDRESS (If rural, give location) 5633 Julian Ave., 8	

3. NAME OF DECEASED (Type or Print) JOHN KING RAINS.			4. DATE OF DEATH June 19, 1952.			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 31, 1889	9. AGE (In years last birthday) 62	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) Painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Nashville, Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Wilford Rains		13b. MOTHER'S MAIDEN NAME Elizabeth King		14. NAME OF HUSBAND OR WIFE Josephine Rains	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Rains, 5633 Julian Ave...	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation & failure		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation		2 yrs
	DUE TO (c) Myocardial infarction		3 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4343	
---	--	--	--	--------------------------------	--

22. I hereby certify that I attended the deceased from Jan. 19, 1950, to July 19, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at 12 noon m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lued R. Sumner M.D.		23b. ADDRESS 4161 Ludell		23c. DATE SIGNED 6-20-52	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 6-23-52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	

DATE REC'D BY LOCAL REGISTAR'S SIGNATURE JUN 20 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Clark 1125 Hodiamont Ave.	
--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

3

Dr. Fred Kramer
4161 Lindell

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 J W B Bentley
Licensed Embalmer No. 3653

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.