

STANDARD CERTIFICATE OF DEATH

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. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: 1218 Lami Street
e. STREET ADDRESS (If rural, give location) 2239 23 1218 Lami Street

3. NAME OF DECEASED a. (First) Marvin b. (Middle) H. c. (Last) Raines, Sr. 4. DATE OF DEATH (Month) (Day) (Year) 12-13-54

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH 10-29-1892 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) Retired 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Raines 13b. MOTHER'S MAIDEN NAME Mary Ramsey 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. ? 17. INFORMANT'S SIGNATURE OR NAME Wm. Raines ADDRESS 4138 Clara Pl., St. Louis, Mo

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) Suffocation from inhalation of aluminum stiring gas MEDICAL CERTIFICATION
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) her room of labor.
DUE TO (c) December 13th, 1954.
II. OTHER SIGNIFICANT CONDITIONS exact time unknown
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Suicide 20. AUTOPSY? YES NO

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

21d. TIME OF INJURY Dec 13 54 3 p.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____ E972X

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 9:50A m., from the causes and on the date stated above.

23a. SIGNATURE Patrick P. Taylor Coroner (Degree or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 12-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-16-54 24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. DEC 15 1954 REGISTRAR'S SIGNATURE Carl Smith MO 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral, Inc. 2301 Lafayette, St. Louis 4, Missouri

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

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.....
Signature of Student Embalmer

Signed.....
James R. Chapman

Licensed Embalmer No.....
4554

P. O. Address.....
St. Louis,

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**