

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1956

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State File No. 22067  
Registrar's No. 5022

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>Missouri</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chronic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>222 1021 Armstrong Ave</b>				
3. NAME OF DECEASED (Type or Print) <b>Nathaniel Rainey</b>			b. (First) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>5/19/56</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>10/15/85</b>		
9. AGE (In years last birthday) <b>70</b>		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) <b>LABOR</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Louisiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Rainey</b>			13b. MOTHER'S MAIDEN NAME <b>Mary ?</b>			14. NAME OF HUSBAND OR WIFE <b>DEAD</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chronic Hospital, 5600 Arsenal</b> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular</b> ANTECEDENT CAUSES <b>Diurnal</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH _____		
II. OTHER SIGNIFICANT CONDITIONS <b>Generalized arteriosclerosis</b> Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>443x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <b>5/16</b> , 19 <b>56</b> , to <b>5/19</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>5/19</b> , 19 <b>56</b> , and that death occurred at <b>11:30 Pm.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>George M. Janke, M.D.</b> (Degree or title) _____				23b. ADDRESS <b>5600 Arsenal</b>		23c. DATE SIGNED <b>May 21, 1956</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>5-26-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FATHER DICKSON CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO</b>		
DATE REC'D BY LOCAL REG. <b>MAY 25 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>S. J. WATSON</b> ADDRESS <b>2749 Chouteau</b>				

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No. 249

P. O. Address 2769 Cha

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.