V.S. No. 300
Rev. 10.48

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

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10915

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1494

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: Sta Louis
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): 19 Peoples Hospital 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN: Lovejoy 8120 8
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 32 407 Adams street

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

4. DATE OF DEATH (Month) (Day) (Year): February 8, 1957

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3

8. DATE OF BIRTH: Aug 31, 1919

9. AGE (In years last birthday): 37
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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and State or Foreign Country): Lamar, Mississippi /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lucius Rainey

13b. MOTHER'S MAIDEN NAME: Lizzie McKinney

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.: None

17. INFORMANT'S SIGNATURE OR NAME: Mr. Dumas
ADDRESS: 407 Adams St. Lovejoy, Illinois

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 490 X

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* 2/4, 1957, *to* 2/8, 1957, *that I last saw the deceased alive on* 2/8, 1957, *and that death occurred at* 12:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE Earle Williams (Degree or title)
Earle Williams

23b. ADDRESS: 501 Madison Lebanon, Ill

23c. DATE SIGNED: Feb. 12, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Feb 14, 1957

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): East St. Louis, Illinois

DATE REC'D BY LOCAL REG.: FEB 14 '57

REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
M.J.B.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Marshall Funeral Home—East St. Louis, Ill

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas M. Hobson

Licensed Embalmer No. 4479
2205 Missouri Av
P. O. Address East St. Louis,..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.