

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011298

STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **1992**

300
1-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer Phillips			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2725 Lawton			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jerry Middle Last Rainey				4. DATE OF DEATH Month Feb. Day 18, Year 1959			
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 7, 1917		9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Warren County, Miss. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Rainey			13b. MOTHER'S MAIDEN NAME Evelena Warner		14. NAME OF HUSBAND OR WIFE Single		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) Yes WW # 2		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Gaddis Warner		Address 2541 Bacon	
18. CAUSE OF DEATH (Enter only one cause pertaining for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke and of the Heart						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) E982+							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) suffered when stabbed with dagger in hands of Hotel at 3100 Pine Street						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter only injury in PART I or PART II, if item 18) stabbed in hallway of Hotel at 3100 Pine Street				
20c. TIME OF INJURY 2:30 p.m. 2/18/59		Hour Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Hotel			
20e. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY		STATE			
21. I attended the deceased from Death occurred at 300 and last saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i>			22b. ADDRESS 300 Clark		22c. DATE SIGNED 2/18/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/25/59	23c. NAME OF CEMETERY OR CREMATORY Vicksburg, Mississippi		23d. LOCATION (City, town, or county) Shipping (State)		
24. FUNERAL DIRECTOR E. B. Foyner			ADDRESS 1221 N. Grand		25. DATE RECD. BY LOCAL REG. FEB 25 '59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 *Melvin Blackburn*

Licensed Embalmer No. *3962*

P. O. Address *1221 N. Grant*

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.