

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

8440  
Do not use this space.

REC'D APR 12 1939

**1. PLACE OF DEATH**

(a) County 1 Registration District No. 791  
 (b) Township 2 Primary Registration District No. 1008 Registered No. 2205  
 (c) City ST. LOUIS MO. (d) Street No. BARNES HOSPITAL St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 500 RAINEY, GEORGE ALVIN

(a) Residence, No. 1121 So 13th St. NR MT. VERNON, ILLS  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Rainey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-15-89

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 8 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Thomas Rainey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Sarah Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Maude Rainey  
MT Vernon, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Vernon Ill DATE 6-8-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Myers Funeral Soc  
MT Vernon, Ill

20. FILED MAK 7 1939 J. P. Biedich  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-5-1939, to 3-6-1939

I last saw him alive on 3-6-1939. Death is said to have occurred on the date stated above, at 10<sup>15</sup> a.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary Tuberculosis  
Tuberculosis of Kidneys  
Ureters and bladder  
Uremia

Other contributory causes of importance:  
Tuberculosis of caecum

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? YPS

23. If death was due to external causes (violence), fill in also the following  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify Eva L. Evans, Jr., M. D.  
 (Signed)

(Address) BARNES HOSPITAL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed..... *Howard J. Rowland*

Licensed Embalmer No..... *3114*

P. O. Address.....

**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, above space should be left blank.**