

APR 1 - 1939

APR 3 1939

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

12409

Do not use this space.

## 1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 984  
(b) Township Carondelet Primary Registration District No. 200  
(c) City Jefferson Barracks (d) Street No. US Dep 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.

Registered No. 5912. PRINT FULL NAME George A. RAINEY

(a) Residence, No. 3017 Lawton Avenue, Saint Louis st.  Missouri. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
49 0 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
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) Memphis, (STATE OR COUNTRY) Tennessee

13. NAME Dennis Rainey

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

15. MAIDEN NAME Mary Dundy

16. BIRTHPLACE (CITY OR TOWN) Baton Rouge (STATE OR COUNTRY) Louisiana

17. INFORMANT Medical Clerk, VAF. Jefferson (ADDRESS) Barracks, Missouri.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Jefferson Barracks DATE April 4, 1939

19. FUNERAL DIRECTOR (NAME) Fast Harrison (ADDRESS) 2906 Lafayette

20. FILED APR 1 - 1939 DR. Meyer Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939 to March 31, 1939

I last saw him alive on March 31, 1939 Death is said to have occurred on the date stated above, at 3:50A.m.

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

Chronic Nephritis with edema and marked nitrogen retention. Date of onset Unkn.

Other contributory causes of importance:

Arteriosclerosis, general with hypertension and myocardial degeneration. Unkn.

Name of operation None Date of None  
What test confirmed diagnosis? Phys. clinical exam. and lab. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 1939

Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

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

If so, specify None  
(Signed) C. H. HUGHES, M. D., Chief Med. Officer, VAF., Jeff. Bks. Mo.  
(Address) Officer, VAF., Jeff. Bks. Mo.

(Licensed Embalmers Statement on Reverse Side)

MAKING THIS IS A PERMANENT RECORD

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.....

*Clark*

Licensed Embalmer No.....

*337*

P. O. Address.....

*St. Louis, Mo.*

**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.**