No. 2
1-4-41
17-39
X20

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

FILED SEP 17 1941

DEPARTMENT OF COMMERCE
Bureau of the Census

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26894

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6686

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. (Specify whether years, months or days)
In this community 3 Yrs. 0

**2. USUAL RESIDENCE OF DEACESED:** 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 111
(If outside city or town limits, write "RURAL")
(d) Street No. 4140 ~~Fairfax~~ FINNEY
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Pink Rayner
3. (b) If veteran, name war None
3. (c) Social Security No. 408-12-42
4. Sex Male
5. Color or race Col,
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sussie Rayner
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Nov, 11 1876 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 30 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Blunt Rayner
FATHER 13. Birthplace Colivior (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Jennie Reese
MOTHER 15. Birthplace ? (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Sussie Rayner
(b) Address 4140 Finney Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem,
18. (a) Signature of funeral director Ellis Fun. Home
(b) Address 2820 Stoddard St
19. AUG 16 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 10 86 year 1941 hour 7 minute 03 P. M.
21. I hereby certify that I attended the deceased from July 10, 1941 to August, 10, 1941 that I last saw him alive on August 10, 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Bronchopneumonia | 24 Hrs. |
| Due to Arteriosclerosis | Prob. 4 Yrs |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

107

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other) M.D.
Address 2601 North Whittier Date signed 8/12/41

(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 embalmed by ~~me, or by~~ L. Boy

..., Registered Apprentice No. May

working under my personal supervision.

Signed Lonnie Boyain

Licensed Embalmer No. 2946

P. O. Address St. Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**