

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29114
Registrar's No. 7915

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3909 Cote Brilliante Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3909 Cote Brilliante Ave (If rural, give location) 911
(e) Citizen of foreign country? ## No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

William Raining

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife late Mary Raining 6. (c) Age of husband or wife if alive 7th years
7. Birth date of deceased October 7th 1854 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>11</u>	<u>15</u>	hr. min.

9. Birthplace ? (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Butcher

11. Industry or business.....

MOTHER FATHER { 12. Name William Raining
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant William Raining Jr.

(b) Address 3909 Cote Brilliante

17. (a) Burial (b) Date thereof Sep 24th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director John P. Deutscher

(b) Address 4848 North Broadway

19. (a) SEP 23 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22nd
year 1942 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from Feb. 10
1942 to Sept. 22 1942
that I last saw him alive on Sept. 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous Hepatitis Duration 3 yrs.
Due to Arterio Sclerosis 4 yrs.
Due to Anasarca
Other conditions (Include pregnancy within 3 months of death) 1/21

Major findings:
Of operations 1/21

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?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature Hammon L. Winters (M. D. or other) 42
Address 2728 N. 11 St. Date signed 9-22

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

2728 n. 11

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.....

.....
working under my personal supervision.

Registered Apprentice No. ~~2449~~

Signed.....

Calvin J. Beck
St. Louis, Mo.

Licensed Embalmer No. 8926

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, fact should be so stated above.