

No. 2
-12-45
5-17-39
I X47070

Registration District No. 318 Primary Registration District No. 1003

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:
5032 Emerson Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5032 Emerson Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Iena Rayburn.
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1947 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from
June 1947 to May 14 1947
that I last saw her alive on April 21 19.....
and that death occurred on the day and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James N. Rayburn
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 24 1868
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Due to senility Duration.....
Due to.....
Other conditions: senility
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
78 11 20 hr. min.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Co. Mecklenberg Germany
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business.....
12. Name John Lohsandt
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Frieda Schmidt
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Rayburn.
(b) Address 5032 Emerson Ave.

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?.....

17. (a) Burial (b) Date thereof 5 216-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.
19. (a) MAY 15 1947 (b) J. F. Brodeck
(Date reported local health officer) (Registrar's signature)

23. Signature W. J. Schumacher (M. D. or other) md
While at work?..... (Specify type of place) (c) Mean of injury.....
Address 4991 Thrush Date signed 5-15-47

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

MOTHER FATHER

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 *Fred Frick*.....

Licensed Embalmer No.....3186.....

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, fact should be so stated above.