

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21562**  
**4987**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>no 1</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 17</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>17 3858 McRee Ave. 5</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b> b. (Middle) c. (Last) <b>RAINES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 7 1949</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 9, 1876</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 1 YEAR Days <b>28</b>	IF UNDER 1 HR. Hours <b></b>	IF UNDER 1 HR. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Illinois Typewriter Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <b># Richard Raines</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Huitt</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Raines</b>			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>332-20-2962</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Minnie Raines 3858 McRee Ave.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Arterio-sclerosis</b> DUE TO (c) <b>Chronic Myocarditis + Sclerosis of coronary arteries</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b> <b>Several years</b> <b>Heart several yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo. 17</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>420!</b>	
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22. I hereby certify that I attended the deceased from **June 1945**, to **June 6, 1949**, that I last saw the deceased alive on **June 1949**, and that death occurred at **4:20A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. T. ...</b>		23b. ADDRESS <b>508 North Grand</b>		23c. DATE SIGNED <b>June 7 49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 9, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>JUN 8 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Casator</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshausen 4228 S. Kingshighway Bl.</b>			
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RM 304

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed William B. White

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 222 W. Kings Highway

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.