

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39538

State File No. 04508

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>8076</u>	Registrar's No. <u>3063</u> <u>8076</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		
c. LENGTH OF STAY (In this place) <u>9 Days</u>		d. STREET ADDRESS (If rural, give location) <u>334 N. Hills Dr.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>				
3. NAME OF DECEASED a. (First) <u>Katie</u>		b. (Middle) <u>Raines</u>		c. (Last) _____
4. DATE OF DEATH <u>Nov. 23 1949</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar. 28 1856</u>	9. AGE (In years last birthday) <u>93</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Frederickstown Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Matthew Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Newberg</u>	14. NAME OF HUSBAND OR WIFE <u>George M. Raines</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Orten</u> ADDRESS <u>334 N. Hills Dr.</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural hematoma - rt.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Trauma</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, gen'l</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2400</u> <u>21</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Normandy</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo</u>		
21d. TIME OF INJURY <u>11-14-49-6P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell down stairs 96</u>		
22. I hereby certify that I attended the deceased from <u>11-14 1949</u> , to <u>11-23 1949</u> , that I last saw the deceased alive on <u>11-23 1949</u> , and that death occurred <u>8:40 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>R. L. Coulter Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>11-25-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Farmington Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-25-49</u>	REGISTRAR'S SIGNATURE <u>Berbert B. Womke MW</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u> ADDRESS <u>1905 Union Blvd.</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—96

(12-1) *Adm. Services*

**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.

Student .....  
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

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.