

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18554
State File No. 4132

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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 Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5899 Clemens Avenue,		d. STREET ADDRESS (If rural, give location) 5899 Clemens Avenue, 0	
3. NAME OF DECEASED a. (First) ELLA (Type or Print)		b. (Middle) LONG c. (Last) RAINEY.	
4. DATE OF DEATH May 7, 1950.		5. SEX Female.	
6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. 2	
8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager of Apartment		10b. KIND OF BUSINESS OR INDUSTRY at 5899 Clemens.	
11. BIRTHPLACE (State or foreign country) Porstmouth, Ohio. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elias E. Long.		13b. MOTHER'S MAIDEN NAME Wilson.	
14. NAME OF HUSBAND OR WIFE Jeremiah N. Rainey.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. no.	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. B. Willoughby, 3087 Bellerive Drive,	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of Brain; ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fr of skull, when she jumped from window of her apartment on May 7/1950. DUE TO (c) about 7:11 am 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 Suicide	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) May 7 5:09 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 6978X		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:40 a.m., from the causes and on the date stated above.	
23a. SIGNATURE E. B. Willoughby		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 5/8/50		24a. BURIAL CREMATATION, REMOVAL (Specify) Burial..	
24b. DATE 5/9/50.		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery..	
24d. LOCATION (City, town, or county) (State) 7600 St. Charles Road.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons. 7233 Delmar Blv'd.,	
DATE REC'D BY LOCAL REG. MAY 8 1950		REGISTRAR'S SIGNATURE J. B. Pasater	

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.