

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32117

State File No. _____
Registrar's No. **8146**

FILED OCT 4 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS	
b. CITY OR TOWN St. Louis, Missouri	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN MAPLEWOOD	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		STREET ADDRESS (If rural, give location) 7608 FLORA BLVD.	

3. NAME OF DECEASED (Type or Print) a. (First) Frances	b. (Middle) Rachel	c. (Last) Raining	4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 1954
5. SEX F. /	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 7-22-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) 63
11a. FATHER'S NAME HENRY RAINING		11b. MOTHER'S MAIDEN NAME CYRENA SHIPP	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? _____		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME MRS. EM. DOZIER	
(If yes, give war or dates of service)		ADDRESS 7608 FLORA BLVD.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the left ovary with carcinomatosis	ANTECEDENT CAUSES		one year
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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? 175X

22. I hereby certify that I attended the deceased from **8-17**, 19 **54**, to **9-2**, 19 **54**, that I last saw the deceased alive on **9-2**, 19 **54**, and that death occurred at **1:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE C. J. Vanillion, M.D.	(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 9-3-54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9-7-54	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.

DATE REC'D BY LOCAL REG. SEP 3 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE M. KRIEGSHAUSER	ADDRESS 4228 S. KINGSHIGHWAY
--	--	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
Signature of Student Embalmer

Signed *Richard W. Stovessund*

Licensed Embalmer No... 4000

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.