

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037954

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. SL-32079, XC- UNKNOWNW

318

Primary Registration District No. 1003

Registrar's No. 9570

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 4 1963 PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>		Length of stay in 1b <u>55 Years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VA Hospital, St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHRISTOPHER J RAIN</u>		4. DATE OF DEATH Month Day Year <u>9-23-63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-08-08</u>
9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Loader</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Alton, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chris W. Rain</u>		13b. MOTHER'S MAIDEN NAME <u>L. Hacconer</u>	
14. NAME OF HUSBAND OR WIFE <u>Shirley Rain</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Shirley Rain (Wife) See #2</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY EDEMA</u> DUE TO (b) <u>BACTERIAL ENDOCARDITIS</u> DUE TO (c) <u>430.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>6 Weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>DERMATITIS MEDICAMENTOSA</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9-13-63</u> to <u>9-23-63</u> and last saw ^{her} him alive on <u>9-23-63</u> Death occurred at <u>6:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Jerome V. Basinski</u>		22b. ADDRESS <u>VAH ST. LOUIS, MO</u>	
22c. DATE SIGNED <u>9-24-63</u>		22d. NAME OF CEMETERY OR CREMATORY <u>GODFREY ILLINOIS</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-26-63</u>	
23c. LOCATION (City, town, or county) <u>GODFREY ILLINOIS</u>		23d. (State)	
24. FUNERAL DIRECTOR ADDRESS <u>RALPH A. GENT ALTON, ILL</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 25 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>			

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

MEDICAL CERTIFICATION BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James H. Brandon

Licensed Embalmer No. 7586

P. O. Address Alt. Ill.

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.