

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038433

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2733 STATE FILE NUMBER

**FILED SEP 23 1963**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> Length of stay in 1b OR TOWN <u>D.O.A.</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Breckenridge</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>3037 W. Milton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> First Middle Last <u>Henry F. Rainer</u> (Type or print)			<b>4. DATE OF DEATH</b> Month Day Year <u>8 31 63</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>7-22-41</u>	<b>9. AGE (last birthday)</b> <u>22</u>	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Labor</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Overland, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Lewis Rainer</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rosemary Rademacker</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Single</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> [REDACTED]	<b>17. INFORMANT</b> Address <u>Rosemary Kinger 3037 W. Milton</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple injuries</u> (b) <u>2 MURDER</u> (c) <u>in an automobile accident while driving westward</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED:</b> (Enter nature of injury in PART I or PART II of item 18.) <u>Struck by car (pedestrian)</u>
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<b>20c. TIME OF INJURY</b> Hour a.m. or p.m. <u>5:00 approx</u>	<b>Month, Day, Year</b> <u>8/31/63</u>	<b>20d. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE <u>Frontenac St. Louis Missouri</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Raymond H. Hurd</u> Coroner	<b>22b. ADDRESS</b> <u>Clayton, Missouri</u>	<b>22c. DATE SIGNED</b> <u>9/5/63</u>
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<b>23a. BURIAL, CREMATION, OR REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>9-3-63</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Lake Charles Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Missouri</u>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Collier Mortuary St. Ann, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>9-3-63</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>John Murphy</u>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

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 embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Sheldon Collier*

Licensed Embalmer No.

*3382*

P. O. Address

*St. Ann 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.