

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

7486

1. PLACE OF DEATH

County City of St. Louis Registration District No. 703 File No. 7486
 Township St. Louis Primary Registration District No. 1153 Registered No. 1153
 City St. Louis (No. 1153) Business Hosp St. _____ Ward)

2. FULL NAME

Sarah F. Rainwater Petree
 (a) Residence. No. 5501 Barton St. 28 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christopher B. Petree
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1842
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 7 9
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Housewife
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New Milville, Mo
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER M. F. Rainwater
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richmond
 (STATE OR COUNTRY) North Carolina
 12. MAIDEN NAME OF MOTHER Elizabeth B. Oliver
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Anderson Co.
 (STATE OR COUNTRY) Tennessee

14. INFORMANT M. Starr
 (Address) 5501 Barton Avenue

15. FILED _____ 19 _____ Maub Starr off
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1919
 17. I HEREBY CERTIFY, That I attended/deceased from _____ 19____, to _____ 19____, that I last saw _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
Incompetent Heart
17 or 18 several years
 (duration) yrs. mos. ds.
 CONTRIBUTORY Senility
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Sam L. Pascoe, M. D.
2/10, 1919 (Address) 5899 Cates

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL 2/11/19
St. Louis

20. UNDERTAKER M. Starr ADDRESS 2835 Olive

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.