

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City, **St. Louis**

Registration District No. **791**  
Primary Registration District No. **1013**  
(No. **919a Lynch**)

File No. ....  
Registered No. **11132**  
.....St. ....Ward)

**2. FULL NAME** **Clyde Rainwater**

(a) Residence. No. **919a Lynch** St., **73** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 3rd. 1926.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>0</b>	<b>3</b>	<b>21</b>	

8. OCCUPATION OF DECEASED **67**  
(a) Trade, profession, or particular kind of work **None**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Chas. Rainwater**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Missouri**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Edith Brenner**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Missouri**  
(STATE OR COUNTRY)

14. INFORMANT **Douglas Proffitt**  
(Address) **919a Lynch St.**

15. FILED **NOV 26 1926** **Paul S. Starkeoff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 24th. 1926**

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... **8.30 P.M.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Status*  
*Symphaticus*  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **W. M. A.**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **67**  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **P. S. J. J.**  
**11/26 1926** (Address) **Coroners Office Corva**

\*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 **De Soto, Missouri** DATE OF BURIAL **Nov. 27 - 1926**

20. UNDERTAKER **Wacker-Helderd** ADDRESS **2331 S. B. W. A. Y.**

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

N. 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.