

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

Do not use this space.

7908

1. PLACE OF DEATH
County St. Louis Registration District No. 1123 File No.
Township Camden Primary Registration District No. 6248 B Registered No. 78
City Nazareth Convent St. Ward ()

2. FULL NAME Sister Mary Edward Rensen
(a) Residence No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) March 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 - - -

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) Teacher
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis
Missouri

10. NAME OF FATHER

John Rensen

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

Germany

12. MAIDEN NAME OF MOTHER

Angela Lambert

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

Germany

14. INFORMANT

Sister M. Remigia
(Address) Nazareth Convent

15. FILED

Feb 16 1929 L. C. Obrodt, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1929 to Feb 13 1929 that I last saw her alive on Feb 12 1929, 1929 and that death occurred, on the date stated above, at 10:20 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131

(duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHEN WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. J. Smith M. D.

, 19 (Address) 7814 1/2 B. Ave

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Nazareth Convent

DATE OF BURIAL

7/16 1929

20. UNDERTAKER

Hoffmeyer & Co

ADDRESS

7814 1/2 B. Ave

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.

MAR 27 1929

25

1

10

10

THIS IS A PERMANENT RECORD

