

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

Do not use this space.

10803

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. 5814 Bartmer)

File No.....
Registered No. 2827
St. Ward)

2. FULL NAME

(a) Residence. No. 5814 Bartmer St. 5 Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15, 1850

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|----------|--|
| | <u>79</u> | <u>6</u> | <u>3</u> | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Stationery Salesman
(b) General nature of industry, business, or establishment in which employed (or employer). Retired
(c) Name of employer

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

10. NAME OF FATHER James Rennells

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

12. MAIDEN NAME OF MOTHER Barbara Bellemore

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

14. INFORMANT Minnie A. Rennells
(Address) 5814 Bartmer Ave.

15. FILED 19 10 1930 W. C. Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1929, to March 9, 1930 that I last saw h. h. alive on March 9, 1930, and that death occurred, on the date stated above, at 11 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Prostate
51E

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) HA
(duration) yrs. mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 13/29
no Sept 27/29

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical + microscopic
(Signed) Joseph E. Fleury, M. D.
, 19 (Address) 958 Arcade Bldg.

*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 Valhalla Crematory DATE OF BURIAL Mar. 20, 1930

20. UNDERTAKER Drehmann / Sadal ADDRESS 1905 Union

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.

1922

