

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

Do not use this space.

1362

1. PLACE OF DEATH

County Jackson Registration District No. 322
Township Four Primary Registration District No. 1002
City St. Louis (No. General Hosp.)

File No. _____
Registered No. 404
St. _____ Ward _____

2. FULL NAME

Rena Standenhaase
(a) Residence, No. 1403 Madison St. 1 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 <u>Fe</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9 - 1906</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>3</u>
	DAYS <u>22</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>95</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Chicken Packer</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>		
FATHER	13. NAME <u>Frank Scroggo</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Leilah Smallwood</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
17. INFORMANT <u>Frank Scroggo</u> (ADDRESS) <u>1403 Madison</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winton mo</u> DATE <u>1-2</u> 19 <u>2</u>		
19. UNDERTAKER <u>Gabelman</u> (ADDRESS) _____		
20. FILED <u>1</u> 19 <u>2</u> <u>327 M. M. Brown</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31, 1922

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
General Debility Date of onset 140

Other contributory causes of importance:
After abortion, self induced

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Stanley M. Bay M. D.
(Address) 1011 E. Corner

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.

