

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

Do not use this space.

6113

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. No. 3822 Shenandoah Av. St. Ward)

File No.
Registered No. 1134

2. FULL NAME

Burns Rennick
(a) Residence, No. 3822 Shenandoah Av. 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. 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2-1858

7. AGE YEARS 73 MONTHS 5 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Miller

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) Kentucky 2.

FATHER 13. NAME John F. Rennick 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Sarah Francis Jordane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mr. R. Rennick
3822 Shenandoah Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Ky. DATE Feb 3 '32

19. UNDERTAKER (ADDRESS) E. J. Schur
3125 Lafayette Ave.

20. FILED FEB - 3 1932 W. E. Harker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3-1932 1932

22. I HEREBY CERTIFY that I attended deceased from Nov - 5, 1932 to Feb 3, 1932
I last saw him alive on Feb 1, 1932 Death is said

to have occurred on the date stated above, at 2:50 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis
131
107A 131
Date of onset

Other contributory causes of importance:
Bronchopneumonia

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Spinaurgedy
(Signed) W. E. Harker (M. D.)
(Address) 2305 S. Shaw St. St. Louis

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.

