

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

Do not use this space.

3314

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 7913  
City St. Louis (No. 2406) Menard St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 208  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 2406 Menard St., 23 Ward. (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 63 yrs. 7 mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 William Gach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14-69

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63 | 7 | 19 |    |    |   

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Home wife  
(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 Joseph Rensch

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT William Gach  
(Address) 2406 Menard St

15. May C Staver  
FILED - 6 1933  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1932, to Jan 2, 1933 that I last saw him alive on Jan 3, 1933, and that death occurred, on the date stated above, at 11:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Interstitial Nephritis (duration) 5 yrs.    mos.    ds.  
Contributory: Cardiac Hypertrophy  
Endocarditis & Aneurysm (SECONDARY) (duration) 1 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, Don't Know

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) J. H. Erdmann M. D.

Jan 5, 1933 (Address) 3146 Morganford

\*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 St. Peter & Paul DATE OF BURIAL Jan 6, 1933

20. UNDERTAKER Howe & Son ADDRESS 1936 Allen

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.

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