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.

SEP 26 1933

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

Do not use this space.

27925

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 6975

Township ..... Primary Registration District No. 1003 ..... Registered No. .....

City ..... (No. City Hospital St. ..... Ward)

2. FULL NAME Arthur Renstrom

(a) Residence, No. 7126 Pennsylvania St., 1 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-10 1891

7. AGE YEARS 41 MONTHS 9 DAYS 30 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright

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

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) Sweden.

FATHER

13. NAME Gustan Renstrom

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Julia Renstrom 7126 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Luth. St. Trinity Cem. DATE Aug. 14 1933

19. UNDERTAKER (ADDRESS) Jos. P. Fendler, Jr. 7128 Michigan Ave.

20. FILED AUG 12 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1933, to August 10, 1933

I last saw him alive on August 10, 1933. Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	

131 131 90B 137B

Other contributory causes of importance:

Adhesive Pericarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. + Path. Was there an autopsy? Yes

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 .....

(Signed) J. M. Coleman, M. D.

(Address) City Hospital #1

66 24 24 31