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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 25 1934

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

Do not use this space.

File No. 10695

Registered No. 2517

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis. (No. 3434 Keokuk St. St. ..... Ward)

2. FULL NAME John J. Renz.

(a) Residence, No. 3434 Keokuk St. St., 16 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 Catherine Renz.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 30, 1869.

7. AGE: Years 64 | Months 9 | Days 10. | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Germany.

FATHER

13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT Henry J. Renz
(ADDRESS) 3434 Keokuk St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter and Paul Cem. DATE Mar. 14, 1934.

19. UNDERTAKER F. N. Gebhard & Co.
(ADDRESS) 2842 Meramec St.

20. FILED MAR 12 1934 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1934, to March 10, 1934

I last saw him alive on March 10, 1934. Death is said to have occurred on the date stated above, at 8-10 P. m.

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

	Date of onset
Nephritis - Chronic	?
Other contributory causes of importance:	
Myocarditis - Chronic	Yr.

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? no

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. Lewis Hutton, M. D.

(Address) 3400 Californian Ave.