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.

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

Do not use this space.

3880

MAR 2 1935

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 43
City Jeff Bks, Mo. (No. Yeager Rd St. Ward)

2. FULL NAME Frank Renish
(a) Residence, No. Yager rd. Oakville Mo. St. Ward. Oakville Mo.
(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~~: Anna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3, 1873

7. AGE: YEARS 61 — MONTHS 10 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Himself
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): St. Louis, Mo

FATHER
13. NAME: Frank Renish
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Mary Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Anna Renish R.F.D. 9 Jeff Bks Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakdale Cem DATE 1-28 1935

19. UNDERTAKER (ADDRESS): C. Hoffmeister U.R.L. 7814 So Broadway

20. FILED Jan 28 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/24/1935, 19

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 6:15 PM
The principal cause of death and related causes of importance were as follows:

Date of onset

Chr. bronchitis, history was ill for about a year, was diagnosed tentatively by Dr. Youngman as pulmonary TB and also was a patient at St. Louis County hospital

~~Other contributory causes of importance~~:
but labratory findings did not varify same, at the hospital.
Secondary; Extreme emaciation.
Chr. myocarditis, and inanitia.

Name of operation Coroner's view Date of
What test confirmed diagnosis? 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?
If so, specify 1/25/35
(Signed) Luke B. Turner, M. D.
(Address) 3718 Jennings, Rd.
Coroner St Louis Co. Mo.