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.

AUG 9

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

Do not use this space.

24724

1. PLACE OF DEATH

County ..... Registration District No. 791

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

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

File No. .....

Registered No. 6156

2. FULL NAME Louise Wright Renking

(a) Residence, No. 426 Spring Ave. St., N R Ward. Webster Groves Mo
(Usual place of abode) Webster Groves, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 11 mos. 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 Henry Lewman Renking

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
29	9	10	

OCCUPATION

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

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) Evansville, Ind.

FATHER

13. NAME George Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensboro Ky.

MOTHER

15. MAIDEN NAME Anna M. Bromm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Ind.

17. INFORMANT (ADDRESS) ~~Husband~~ Spring ave same Henry L Renking 426 Webster Groves Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Evansville Ind DATE July 20, 1935

19. UNDERTAKER (ADDRESS) Albert H Hopper Inc 429 N Euclid ave

20. FILED JUL 18 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1935, to July 17, 1935. I last saw her alive on July 17, 1935. Death is said to have occurred on the date stated above, at 10 P. m.

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

	Date of onset
Rheumatic Heart Disease	2

95 b

Other contributory causes of importance:

Cerebral Embolism

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

What test confirmed diagnosis? Clinical 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) Lawrence D. Thompson, M. D.

(Address) 3720 Washington Blvd. St. Louis

Web. 15 11 W