

OCT 22 1935

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

Do not use this space.

29499

## 1. PLACE OF DEATH

County Jackson  
Township St. Louis  
City St. C. Mo.

Registration District No. 399  
Primary Registration District No. 1002  
(No. 1333, Grand)

File No. 7-10  
Registered No. 0 0 0 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Nicholas Rennau St. \_\_\_\_\_ Ward \_\_\_\_\_  
1333 Grand (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 Vallie Rennau

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-26-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 7 13

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

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

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) Michigan13. NAME John Rennau14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France15. MAIDEN NAME Katherine Steel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. Vallie Rennau (ADDRESS) 1333 Grand18. BURIAL, CREMATION, OR REMOVAL PLACE Glenn's Hill DATE Sept. 9, 193519. UNDERTAKER A. P. Doshier (ADDRESS) 1415 East 1320. FILED Sept 8, 1935 at m.m. Crown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935 to Sept 7, 1935  
I last saw him alive on Sept 7, 11 P.M., 1935. Death is said to have occurred on the date stated above, at 2:30 p. m.

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

Ulcers of Stomach

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Endoscopy Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_  
(Signed) Margaret Long D.O., M. D.

(Address) 1116 E 9 St.

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statements of occupation should be given. OCCASIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of occupation should be given. OCCASIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

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of the State of New York  
in the County of New York  
in the City of New York

1900

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CAUSE