

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

Do not use this space.

1. PLACE OF DEATH *MA 2 1936*
County _____ Registration District No. *791*
Township _____ Primary Registration District No. *1003* File No. _____
City *St. Louis* (No. *City Hospital*) Registered No. *5376* Ward _____
2. FULL NAME *Ernest Earl Renner*
(a) Residence, No. *3438 Crittenden St.* Ward. *11* (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 *Alma Renner*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 13-1874*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *61 11 7*
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Paper Hanger*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Afterhide Wallpaper*
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) *Shiloh Ills*
13. NAME *Charles F. Renner*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
15. MAIDEN NAME *Catherine De Cobalt*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
17. INFORMANT *Fred Renner* (ADDRESS) *6621 Wermont*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Jefferson Burial* DATE *May 23 1936*
19. UNDERTAKER *Wackerly Helderle* (ADDRESS) *2331 Broadway*
20. FILED *MAY 21 1936* *J.P. Brudeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 20 1936*
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 *8:30* m.
The principal cause of death and related causes of importance were as follows:
Rupture of Liver; Hemorrhage into Abdomen; Cystic Kidney; Cirrhosis of Liver; rec'd. in fall from ladder at residence, 5/13/36, at abt. 11:15 A.M.
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *yes*
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *Accident* Date of injury *5/13, 1936*
Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *Home*
Manner of injury *Fall*
Nature of injury *Rupture & Hemorrhage*
24. Was disease or injury in any way related to occupation of deceased? *yes*
If so, specify *climb off ladder*
(Signed) *Harold Helderle* M.D.
(Address) *DuPont*

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.

