APR 9 1937

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

~~SUPPLEMENTARY~~

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10646

Township ..... Primary Registration District No. 1003 Registered No. 3220

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

2. FULL NAME Elizabeth Renner

(a) Residence, No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ernest Renner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 28th, 1857

7. AGE: 79 YEARS 2 MONTHS 24 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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: Jacob Schaefer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unk

MOTHER

15. MAIDEN NAME: Catherine Faultz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unk

17. INFORMANT (ADDRESS): J.G.Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Mar. 26, 1937

19. UNDERTAKER (ADDRESS): Hy Reidner Mnd. Co. 1417 N. Market Str.

20. FILED MAR 24 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1937, to March 23, 1937
I last saw her alive on March 23, 1937 Death is said to have occurred on the date stated above, at 3:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	

Other contributory causes of importance:
ARTERIOSCLEROSIS GENERALIZED

Name of operation ..... 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 .....
(Signed) L G Pray, M. D.
(Address) 5600 Arsenal

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.