

OCT 14 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

32391

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **Black Forest Restaurant-6432 Gravois Ave.**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Laura Renard**

(a) Residence, No. **3837a Russell Blvd.** St. **17**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF **William Renard**  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May, 14- 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**About 68 3 22**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dress Fitter**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Famous-Barr Co.**  
 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.**

13. NAME **John Schneider**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Louise Neun**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Estella Burg**  
 (ADDRESS) **3515 Texas Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **New St. Marcus** DATE **Sept. 9th. 37**

19. FUNERAL DIRECTOR **Vacker-Helderle**  
 (ADDRESS) **2331 S. Broadway**

20. FILED **SEP 8 1937** **J. Brebeck**  
 Local Registrar.

*No Physiological Certificate of Decease*  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 6th. 1937**

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 **8:35 P.M.**  
 The principal cause of death and related causes of importance were as follows:

*Chronic Occurrence*  
*Arteriosclerosis*  
 Date of onset

Other contributory causes of importance:  
 Name of operation  
 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 **Secalmer**  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify  
 (Signed) **Joseph M. Zuercher, M.D.**  
 (Address) **St. Louis, Mo.**

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.

4703  
 10  
 10

STATEMENT BY LICENSED EMBALMER.

I, Frank J. Thyland, Licensed Embalmer No. 2645  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Mr.  
L. E. No. 2645 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank J. Thyland  
Licensed Embalmer No. 2645

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**