

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.

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

791

1003

32516

Do not use this space.

1. PLACE OF DEATH—

(a) County..... Registration District No.
(b) Township..... Primary Registration District No.
(c) City St. Louis, Mo (d) Street No. Hyde Park Brewery Registered No. 8570
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

John T. Reno
(a) Residence, No. 4418 Forest Park St. 19 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Anna Reno
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
72 7 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationary Eng.
9. Industry or business in which work was done, as saw mill, bank, etc. Hyde Park Brewery Co.
10. Date deceased last worked at this occupation (month and year) If. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME William Reno

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME M. Tate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo, Illinois

17. INFORMANT (ADDRESS) Mrs Anna Reno
4418 Forest Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Sept. 13 1937

19. FUNERAL DIRECTOR (ADDRESS) A. Kern & Co
2707 N. Grand Blvd

20. FILED SEP 13 1937 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 5:15 a.m.

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

Pulmonary Hemorrhage
Pulmonary Tuberculosis
Other contributory causes of importance:
23

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?..... 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? yes

If so, specify Alcohol

(Signed) W. H. Perry M.D.

(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Elton R. H. Remelius

Licensed Embalmer No. 3154

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.)