

REC'D APR 1 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH, 791**

8871

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **1003**  
 (b) Township ..... Primary Registration District No. **2460**  
 (c) City **ST. LOUIS MO.** (d) Street No. **5356 NOTTINGHAM AV.** St.  
 (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

**MAYBELLE RENNE, 500**  
 (a) Residence, No. **5356 NOTTINGHAM AV.** L. St. **174** (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 **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOW**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF **BARNEY RENNE.**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APRIL 25-1897**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**60 10 14**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **HOUSEKEEPER.**  
 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) **IOWA.**

FATHER 13. NAME **UNK. SNYDER.**

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

MOTHER 15. MAIDEN NAME **MARGARET UNKNOWN**

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

17. INFORMANT (ADDRESS) **MARY RENNE, Quinn 5356 NOTTINGHAM AV.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **NEWS S. P. + PAULS CEM.** DATE **MARCH 14, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **E. J. Schurz, 3125 Lafayette Ave.**

20. FILED **MAR 13 1938** **J. B. Breda** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MARCH 11, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **7-9-36**, 19... to **3-11-38**, 19... I last saw her alive on **3-11-38**, 19... Death is said to have occurred on the date stated above, at **4:40 p.m.**

The principal cause of death and related causes of importance were as follows:  
**Chronic myocarditis**  
**& cardiac asthma**  
 Date of onset **7/9/36**

Other contributory causes of importance:

Name of operation **no** 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? **no**

If so, specify

(Signed) **O. C. O'Brien**, M. D.

(Address) **45235 Highway**

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.

STATEMENT BY LICENSED EMBALMER

I, Joseph Vollmer, Licensed Embalmer No. 4014  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Joseph Vollmer  
L. E.

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Joseph Vollmer  
Licensed Embalmer No. 4014

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.)