

REC'D JUN 9 1938

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

16212

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis..... (d) Street No. St. Anthony Hospital 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.

Registration District No. 791Primary Registration District No. 1003Registered No. 40732. PRINT FULL NAME William J. Rengel

(a) Residence, No. 3519 Wyoming St. St. 16
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1893.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Asst. Purchasing
9. Industry or business in which work was done, as saw mill, bank, etc. Busch Diesel 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) Missouri.FATHER 13. NAME John Rengel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.MOTHER 15. MAIDEN NAME Mary Menne16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.17. INFORMANT (ADDRESS) Jos. Rengel
3519 Wyoming St.18. BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cem. DATE May 3, 1938.19. FUNERAL DIRECTOR (ADDRESS) J. N. Beckend, Lx & Co.
2842 Meramec St.20. FILED MAY - 2 1938 J. P. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1933 to April 30, 1938
I last saw him alive on April 30, 1938 Death is said to have occurred on the date stated above, at 12:07 p. m.

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

Lobar Pneumonia Date of onset 4/27/38
Bilateral

Other contributory causes of importance:

Influenza 4/19/38

Name of operation None Date of None
What test confirmed diagnosis? CL. Micro 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? None
(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 Thos. E. McGuck M. D.
(Signed) Thos. E. McGuck
(Address) 3547 W. Young

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

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

Herman A. Gebken

Licensed Embalmer No. 2120

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.)