DEC'D JAN 11 1939

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

41077
Do not use this space.

1. PLACE OF DEATH
(a) County 1 Registration District No. 1003
(b) Township 1 Primary Registration District No. Registered No. 10769
(c) City St. Louis (d) Street No. Deaconess 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.

2. PRINT FULL NAME Norma Rensch
(a) Residence, No. 3123 Tamm Ave. St. 14
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1926
7. AGE: YEARS 12 MONTHS 2 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

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. Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER
13. NAME Harry Rensch 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Ill.

MOTHER
15. MAIDEN NAME Agnes Palka
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho Slovakia

17. INFORMANT (ADDRESS) Harry Rensch 3123 Tamm Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 12-17 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary 4228 So. Kin shighway
20. FILED ....., 19.... J. F. Bredeck Local Registrar
DEC 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1938, to Dec 13, 1938
I last saw her alive on Dec 13, 1938. Death is said to have occurred on the date stated above, at 11:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	11-12-38
Acute Endocarditis	11-12-38
Bronchopneumonia	12-11-38
Acute conditions above caused by a non diphtheretic streptococcic	

Other contributory causes of importance:
sore throath

115a

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab + Clinic 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 1

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature] M. D.
(Address) 5930 Southwest Ave

Licensed Embalmer's Statement on Reverse Side)

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.

Dr. H.F. Cleveland

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.