

DEAD MAY 15 1940 791
Registration District No.

Primary Registration District No. 1003

Registrar's No. 3544

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3217 Greer Avenue 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Since Birth
years, months or days)

8. (a) PRINT FULL NAME CLARA J. RENGSTORFF 597
 8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frederick W. Rengstorff 6. (c) Age of husband or wife if alive 64 yrs Years
 7. Birth date of deceased Feb. 25 1876
(Month) (Day) (Year)

8. AGE:	Years <u>64</u>	Months <u>1</u>	Days <u>24</u>	If less than one day hr. min.
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9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry H. Fangmeyer
 { 18. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
 { 14. Maiden name Minnie Schmidt
 { 15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Frederick W. Rengstorff
 (b) Address 3217 Greer Avenue

17. (a) Entombment _____ (b) Date thereof 4.20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Math. Hermann & Son
 (b) Address 2161 East Fair Avenue

19. (a) APR 19 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 10
(If outside city or town limits write "RURAL")
 (d) Street No. 3217 Greer Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
 year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 16
 1940, to April 18, 1940
 that I last saw her alive on April 18, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Myocarditis caused by acute Bacteriemia
 Due to Acute Bacteriemia 2 days
 Due to Ch. Myocarditis years

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations ABC
 Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) C
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury.

While at work? _____
 23. Signature M. Hermann & Son (D. or other) _____
 Address 4538 [Address] Date signed _____

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: *Samuel Hampton*

Licensed Embalmer No. *2967*

P. O. Address *St. Louis, Mo.*

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.