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X23159

STANDARD CERTIFICATE OF DEATH

40271

State File No.

10042

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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: Bliss Hospital  
(If not a hospital or institution, write street number or location)

(d) Length of stay: 3 days  
(Specify whether in hospital or institution)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4446 Russell Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6  
year 1940 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Uterine Hemorrhage from  
Laceration of right lung  
due to stab wound inflicted  
when struck by Ford Coupe driven  
by one Louis Wright at  
Russell and Vandeventer Ave  
about 10:10 PM Dec 2, 1940

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec 2, 1940

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work \_\_\_\_\_  
(Specify type of place)

Means of injury auto

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address Missy Bloom Date signed 12/7/40

3. (a) PRINT FULL NAME RUTH ADWLINE RENNICK

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eugene Rennick

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased August 20 1912  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28 3 16 hr. \_\_\_\_\_ min.

9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Saleswoman

11. Industry or business Famous-Barr Co

12. Name William Westlake

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Fennie Elder

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Eugene Rennick

(b) Address 4446 Russell Ave

17. (a) Burial (b) Date thereof Dec. 9- 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo

18. (a) Signature of funeral director A. Fran La H Co

(b) Address 2707 N. Grand Bly'd

DEC 7 1940 (Date received local registrar)

(b) J. F. Bredeck (Registrar's signature)

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

MOTHER FATHER

S

MAY 28 1945

**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 *Paul F. Kivlenberg*

Licensed Embalmer No. *2639*

P. O. Address. *2707 - 91 - Shaw*

**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, fact should be so stated above.**