

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **742**
Registrar's No. **424**

FILED FEB 24 1942

Registration District No. **791**

Primary Registration District No. **1002**

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:
4318a Warne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 60 Years. (Specify whether
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. 4135 N. 2nd. St. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1942 hour 11:45 A.M. minute..... M.
21. I hereby certify that I attended the deceased from
1-10 1942 to 1-12 1942
that I last saw her alive on 1-12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral hemorrhage
Due to Hypertension
Due to Arterio Sclerosis

Duration

24 hrs
years

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

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).....
(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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature Tom Belvain (M. D. or other) ms
Address 4356 Warne ave Date signed 1/13/42

3. (a) PRINT FULL NAME Mary Renner.
3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late August Renner. 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. March 22 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 20 hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Housework.

11. Industry or business.....
12. Name Joseph Altmann.
13. Birthplace Germany. (City, town, or county) (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Weber.
(b) Address 3904a W. Florissant Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-42. (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JAN 14 1942 (Date received local Registrar) (b) J. F. Bredok (Registrar's signature)

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

MOTHER FATHER

00
194

Dr M E Egan
Warner & Co. Equipment
6-8 P. M.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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.