

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5099

Registration District No. 194291

Primary Registration District No. 1003

Registrar's No.

000
17
9

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:
Alexian Bros. Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Henry Renner,

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 6 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>5</u>	hr. min.

9. Birthplace Lebanon, Illinois, 1
(City, town, or county) (State or foreign country)

10. Usual occupation Cement Worker,

11. Industry or business.....

12. Name Henry Renner,

13. Birthplace Lebanon, Illinois, 1
(City, town, or county) (State or foreign country)

14. Maiden name Don't know,

15. Birthplace Don't know, 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Renner,
(b) Address 5108 Wicklow Pl.

17. (a) Burial, (b) Date thereof June 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery,

18. (a) Signature of funeral director Sebken-Bern Mortuary
(b) Address 2842 Maramec St.,

19. (a) JUN 12 1942 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

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. 5108 Wicklow Place,
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1942 hour 1: minute 30 A. M.

21. I hereby certify that I attended the deceased from June 8 1942 to June 11 1942
that I last saw him alive on June 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Chy. Myocarditis
Hyperextension
Due to Atherosclerosis

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

Duration

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.....

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 W. Hayden (M. D. or other) MD
Address 5899 Belmar Date signed 6/11/42

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 Me

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

Signed Joe S Benz

Licensed Embalmer No. 4249

2842 Meramec St.,
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, fact should be so stated above.