V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12675

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3319

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:
St. Louis Childrens Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Franklin

(c) City or town West Frankfort
(If outside city or town limits, write "RURAL")

(d) Street No. 207 South Douglas Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME STEVE EUGENE RENN

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 19 (Day) 1942 (Year)

8. AGE: Years — Months 8 Days 18 If less than one day hr. min.

9. Birthplace West Frankfort (City, town, or county) Illinois (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Hershall Renn
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Vera Lee Daniels
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Vera L. Renn
(b) Address West Frankfort, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Benton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) APR 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7
year 43 hour 5 minute 20 p M.

21. I hereby certify that I attended the deceased from 4-7, 1943, to 4-7-, 1943;
that I last saw him alive on 4-7-, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	4 days
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. J. Blattner (M. D. or other)
Address 500 S. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Albert H. Hoppe

Licensed Embalmer No. 1861

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, fact should be so stated above.