

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester, Mo
(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Aug. 17, 1938 (Specify whether years, months or days) 4 yrs. 9 mos.

3. (a) PRINT FULL NAME HENRY H. RENGERS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Margareth Rengers 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 15, 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Joseph Rengers
13. Birthplace Not known 9
(City, town, or county) (State or foreign country)
14. Maiden name Schneizing
15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Rengers
(b) Address Cincinnati, Ohio.

17. (a) Burial (b) Date thereof May 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Illinois

18. (a) Signature of funeral director Edgar H. Baldus
(b) Address Belleville, Illinois.

19. (a) MAY 26 1943 (b) E. J. McHenry, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. Manchester Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1943 hour 12 minute 40 P M.

21. I hereby certify that I attended the deceased from 1-1-42
19 to 5-24 19 43
that I last saw him alive on 5-23 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of leg Duration 1 mo.
Due to arteriosclerosis ?

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) (c) Means of injury

23. Signature E. J. Denny (M. D. or other)
Address Creve Coeur, Mo Date signed 5-24-43

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

FILED MAY 29 1943

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.....

Edgar A. Baldus.

.....
Licensed Embalmer No. *2846*

P. O. Address.....

Belleville, Ill.

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.