FILED JUL 12 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space

97

1. PLACE OF DEATH
County SALINE — Registration District No. 324 — File No.
Township — Primary Registration District No. 307 — Registered No. 116
City MARSHALL (No. ..... St. ..... Ward)

2. FULL NAME EMILIE RENKEN
(a) Residence, No. 306 W. MAIN St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 6 HRS How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF HERMAN RENKEN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 79 MONTHS 6 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) MAY, 1944
11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EMMA, MO

FATHER
13. NAME FRITZ OEHLSCHLAEGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME DOROTHEA BROCKMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) H Renken Saint Louis Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE FAIRVIEW DATE 6/19 1944
19. UNDERTAKER (ADDRESS) R C Carter Saint Louis Mo
20. FILED 6-19 1944 Mrs H. O. Westbrook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1944
22. I HEREBY CERTIFY That I attended deceased from May 26, 1944, to June 16, 1944
I last saw her alive on June 16, 1944. Death is said to have occurred on the date stated above, at 8:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyemia	5-16-44

Other contributory causes of importance: Pneumonia

110a

Name of operation Parencentesis chest Date of 5-27-44
What test confirmed diagnosis? X-ray Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G Aliken, M. D.
(Address) Marshall, Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2
100M-11-24-33

APR 20 1949

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-11-49

Re. Sheet brook
No. Reduction

R C Carter
Lic. 3513,
Sweet Springs
Mo

DR N IX