

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **883**

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: **Barnes Hospital,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 days**
(Specify whether _____)
In this community **3 weeks**
(years, months or days)

3. (a) PRINT FULL NAME **Susan Edella Renfrow**
Edella Susan Renfrow

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George P. Renfrow** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **4** (Month) **19** (Day) **1904** (Year)

8. AGE: Years **40** Months **9** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Fort Wayne** **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bookkeeper**

11. Industry or business **Retail Grocer-Piggly Wiggly**

12. Name **J. E. Fairfield**

13. Birthplace **Fort Wayne** **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Pearl - Unknown**

15. Birthplace **Fort Wayne** **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **George R. Renfrow**

(b) Address **1211 Jefferson, Houston, Texas**

17. (a) **Removal** (b) Date thereof **1-29-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Houston, Texas**

18. (a) Signature of funeral director **Defendant Sons**

(b) Address **6175 Delmar Boulevard**

19. (a) **JAN 29 1949** **J. F. Brudeck**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Texas** (b) County **Harris**
(c) City or town **Houston**
(If outside city or town limits, write "RURAL")
(d) Street No. **1211 Jefferson Avenue**
(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 **28**
year **1945** hour **11** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Jan. 5**, 19**45**, to **Jan. 28**, 19**45**;
that I last saw her alive on **Jan. 28**, 19**45**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchogenic carcinoma with metastases to brain**

Due to _____

Due to _____

Other conditions **H7**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **None**

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 **F. R. Bradley** (M. D. or other) _____

Address **Barnes Hospital** Date signed **1/14/45**

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

179

999
41
NR, 0

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Geo. E. McCallister
Licensed Embalmer No. 2420
P. O. Address 6175 - Delmar

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.