S. No. 2
JM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28536

State File No. 0

FILED SEP 15 1945

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2165

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

6
4
3

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 Mo. (b) County St. Louis 96

(c) City or town ~~St. Louis, Co.~~ Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 337 Saratoga St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Nannie Renaker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Clarence Renaker

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

7. Birth date of deceased Unknown (Month) About (Day) 1872 (Year)

8. AGE: Years About 73 | Months Unknown | Days | If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Bettie Coffee
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Marilyn Scales
(b) Address 2643 Ka Bernard St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park cemetery

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine St.

19. (a) 9-6-45 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1945 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 8-24- 1945 to 9-2 1945
that I last saw her alive on 8-24- 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	
Due to ?	
Due to 129	
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 Lois C. Wyatt (M. D. or other) M.D.
Address 124 E. Adams, Kirkwood Date signed 9-2-45

(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 Joel Russell

Licensed Embalmer No. 412

P. O. Address Ft Smith

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.