S. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946

State File No. 39689

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11278

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: CITY HOSPITAL O
(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

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2244 NEBRASKA
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES RENNER

3. (b) If veteran, name war NO

3. (c) Social Security No. N

4. Sex MALE

5. Color or race W.

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

6. (b) Name of husband or wife NELLIE RENNER

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug. (Month) 27 (Day) 1885 (Year)

8. AGE: Years 60 Months 3 Days 26 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation MECHANIC

11. Industry or business ST. L. FIRE DEPT.

FATHER
12. Name HENRY RENNER
13. Birthplace (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ELIZABETH UN
15. Birthplace (City, town, or county) MO (State or foreign country)

16. (a) Informant Mrs Nellie Renner
(b) Address 2244 Nebraska

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof DEC 27 / 45 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av

19. (a) DEC 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 45 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulation due to hanging when he was found hanging from a ceiling rafter in the basement of his home on Dec 23 1945 about 1:15 P.M.

Duration

Due to: Suicide while suffering from temporary mental alienation

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

164

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) Suicide

(b) Date of occurrence Dec. 23 1945

(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? Home (Specify type of place)

While at work? (e) Means of injury to above

23. Signature Alfred J. Perry (M. D. or other)

Address Lafayette Avon Date signed 12/24/45

(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 Joseph B. Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis Mo

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.