

FILED FEB 27 1946
 Registration District No. 378

Primary Registration District No. 100

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2232 Biddle
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Albert Renfro
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 8 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 3
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Louis Renfro

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Marcie White

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Hardiman
 (b) Address 2601 N Whittier

17. (a) Anatomical Board Date thereof 1-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Knight
 (b) Address 3100 Rutledge

19. (a) J. F. Brebeck (b) J. F. Brebeck
(Date) (Month) (Day) (Year) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 11
 year 1946 hour 7 minute 15 P. M.
 21. I hereby certify that I attended the deceased from 1-3
 _____, 1946, to 1-11, 1946;
 that I last saw him alive on 1-11, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Lunged Heart Disease
 Due to _____

Other conditions (include pregnancy within 3 months of death) 309
 Major findings:
 Of operations _____
 Of autopsy No

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) (b) Means of injury _____

23. Signature O. J. Dainton (M. D. or other) _____
 Address 2601 N Whittier Date signed _____

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

3010

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.....

Licensed Embalmer No.....

P. O. Address.....

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.