. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

20985

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22116

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 5190

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R6751 Marquette Ave /
(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 0-0-0

(c) City or town St. Louis 3 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6751 Marquette Ave 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 12

If yes, name country _____

3. (a) PRINT FULL NAME Roy E Renderer

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sephie

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

7. Birth date of deceased March (Month) 14 (Day) 1888 (Year)

8. AGE: Years 58 Months 2 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Mt Vernon (City, town, or county) Ill (State or foreign country) /

10. Usual occupation Tool & Die Maker

11. Industry or business Loose Leaf Metal Co

FATHER
12. Name Casper Renderer
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Julia Edward
15. Birthplace Illinois (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs Elsie Rose
(b) Address 6751 Marquette Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 11 46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) JUN 11 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1946 hour 1.35 AM minute _____ M.

21. I hereby certify that I attended the deceased from 1942 to 6/8 1946, to ~~6/7~~ 6/7 1946 that I last saw ~~him~~ alive on _____ and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Descending Colon	3 yrs
Due to	
Due to	
Other conditions General metastasis (Include pregnancy within 3 months of death)	3 mos

Major findings: Of operations Carcinoma of Colon removed 1942

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 L. A. Millikan (M. D. or other) MD

Address 2608 S. Kingshighway Date signed 6/10/46

(Licensed Embalmer's Statement on Reverse Side)

Dr Milliken

5490

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 Edwin D Mc Dermott

Licensed Embalmer No. 3024

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.