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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25645

State File No.

FILED JUL 26 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6225

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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days — (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 24 17 0

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

(d) Street No. 1902 a Arsenal
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME RENNER, XAVIER

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 3 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	4	13	hr. min.

9. Birthplace (City, town, or county) Switzerland (State or foreign country) 5

10. Usual occupation Maintainance Man

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

16. (a) Informant Josephine Peters Daughter
(b) Address 1902 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Witt Bros. L & U. Co.
(b) Address 2929 S. Jefferson Ave

19. (a) JUL 18 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1946 hour 5 minute 45 P M.

21. I hereby certify that I attended the deceased from July 2, 1946, to July 16, 1946;
that I last saw him alive on July 16 - '46, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart disease

Due to

Due to

Other conditions Carcinoma of Prostate c̄ metastasis
(Include pregnancy within 3 months of death)
Fracture left femur

Major findings:
Of operations

Of autopsy A.S. Heart disease
Ca of Prostate c̄ metastasis

Duration

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 June 25 '46

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Darwin W Neubauer (M. D. or other) MD

Address St. Louis City Hospital Date signed 16 July 46

(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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson av

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.