

Registration District No. **318** Primary Registration District No. **1003**

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:
4862 Farlin Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4862 Farlin Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Rentchler
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16
year 1947 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from
1938 to May 16 1947
that I last saw her alive on May 16 and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert G. Rentchler
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased December 12 1865
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Distended molities
Duration 2 days
By Mrs. J. F. Bradeck

8. AGE: Years Months Days If less than one day
81 5 4 hr. min.

Due to.....
Due to.....
Other conditions 61
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

9. Birthplace Belleville Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business.....
12. Name Edward Hartmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Blank
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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) (e) Means of injury.....

16. (a) Informant Albert G. Rentchler
(b) Address 4862 Farlin Ave
17. (a) Burial (b) Date thereof May 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) MAY 18 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

23. Signature H. H. F. Elle (M. D. or other) M.D.
Address 2807 N. Grand **Date signed** 5-12-47

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

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..... *Ralph C. Linders*.....
Licensed Embalmer No..... *4275*.....
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.