. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29431

Registrar's No. 7464

29

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

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 ~~CH~~ 1902a Arsenal St. 1
(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 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1902a Arsenal St. 9
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Emil Renner

3. (b) If veteran, name war no.

3. (c) Social Security No. 492-24-4282

4. Sex Male

5. Color or race White

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 18 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	1	19	hr. min.

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

10. Usual occupation Maintainence Man.

11. Industry or business

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

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

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

17. (a) Burial (b) Date thereof 8-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Witt Bros. L & Nco
(b) Address 2929 S. Jefferson Av.

19. (a) AUG 8 1947 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7
year 1947 hour 2:13 minute 00 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.

	Duration
Immediate cause of death Heat Exhaustion	
Lobar Pneumonia abscess	
Due to formalin (right)	
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 3

23. Signature Thomas F. Callena (M. D. or other)

Address Coroner Date signed Aug 8 1947

Jefferson City Printing Co.

(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 Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

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.