No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 347

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29742

Primary Registration District No. 3063

Registrar's No. 1784

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town St. Johns 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8833 Tudor 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul F. Renn
3. (b) If veteran, name war
3. (c) Social Security No. 488-24-5395
4. Sex MO
5. Color or race Wh
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Evangeline Coy
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased 1 - 8 - 1919 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
28	7	9	hr. min.

9. Birthplace Jefferson City Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Operates Movie
11. Industry or business Gem Theater
FATHER
12. Name Joseph P. Renn
13. Birthplace Jefferson City, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Barbara Ristler
15. Birthplace Elston, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Wife - Evangeline Renn
(b) Address 8833 Tudor, St. Johns
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation RESSUCTION CEM JEFFERSON CITY MO
18. (a) Signature of funeral director Collier's Funeral Home
(b) Address 10123 St. Charles Rd
19. (a) 8-19-47 (Date received local registrar) (b) Cecila J. Sharp (Registrar's signature) MSF

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th year 1947 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from August 17th - 2 am 1947 to Aug 17th 5 am 1947 that I last saw him alive on Aug. 17th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Shock — Duration 3½ hrs

Due to Hemorrhage

Due to Ruptured spleen, liver, small intestine

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 17 ✓

Of autopsy As above plus contusion + hemorrhage heart muscle

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) Accident 96
(b) Date of occurrence 8-17-47
(c) Where did injury occur? Overland (City or town) St. Louis (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? No (e) Means of injury Head on collision 2 autos
Signature R H Hull (M. D. or other) M.D.
Address 601 Brentwood Blvd Clayton Mo. Date signed 8-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1 1948

SEP 2 1947

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles Rd

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.