

FILED FEB 9 1948 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2996

Registrar's No. 902

Registration District No. 818

Primary Registration District No. 1003

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.....
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
61 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4232a College Avenue 9
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

William A. Renkel

3. (b) If veteran, name war.....

3. (c) Social Security No. 489-07-8140

4. Sex..... Male () 5. Color or race..... White
6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Emma M.
6. (c) Age of husband or wife if alive..... 59 years
7. Birth date of deceased..... August 24 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 3 hr. min.

9. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Clerk

11. Industry or business..... American Packing Company

12. Name..... Wm. P. Renkel

13. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Emma J. Stuerman

15. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Emma Renkel Wife

(b) Address..... 4232a College Avenue

17. (a) Burial (b) Date thereof..... 1/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New Bethlehem Cemetery

18. (a) Signature of funeral director..... Beiderwieden Funeral Home

(b) Address..... 1936 St. Louis Ave.

19. (a) FEB 2 1948 (b) J. J. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 27
year..... 1948 hour..... 7:00 minute..... 08 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Arteriosclerosis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?..... (Specify means of injury)

23. Signature..... Alfred J. Perry (M.D. or other)..... 3

Address..... Deputy Coroner Date signed..... 1-28-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

A

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 *Wm W. Hays*

Licensed Embalmer No. *3737*

P. O. Address *1936 G. Louisville*

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.