FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

21267

State File No. 5497

Registration District No. FILED JUN 23 1948 818

Primary Registration District No. 1003

Registrar's No.

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:
Jewish Hospital 0
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6801 Plateau Avenue 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 4 0

If yes, name country

3. (a) PRINT FULL NAME ~~EFFIE RENNER~~ Effie A. Renner

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

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

6. (b) Name of husband or wife Miles Renner

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

7. Birth date of deceased May (Month) 12 (Day) 1872 (Year)

8. AGE: Years 76 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Brooks (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation at home

11. Industry or business

12. Name Moses Allen

13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Desma Renner 1

(b) Address 6801 Plateau Ave., St. Louis, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation Orleans, Nebraska

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) JUN 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MOTHER FATHER

Corr. By Al Hestalle Aug. 16, 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1948 hour 7:52 minute P. M.

21. I hereby certify that I attended the deceased from June 12th, 1948, to June 15, 1948, that I last saw her alive on June 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of left iliac artery.

Due to Arteriosclerosis.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Thrombosed iliac

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

(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 0

23. Signature Wm Alexander Smith (M. D. or other)

Address Webster Groves. Date signed 6-16-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. A. Smith
111 W. Lockwood Avenue
RE-0010

3:30 to 5

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 5497

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Effie Renner, died/~~born~~ 6-15-, 1948, in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Effie A. Renner
Instead of Effie Renner.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Dessna Renner
Relationship.

6801 Plateau ave (10)
Present Address.

Subscribed and sworn to before me this 25 day of June, 1948.

My Commission expires 3-4-49.

Ella C. Fadlock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
I X37817

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