

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 24 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1002**

State File No. **31378**
Registrar's No. **8169**

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 **Mo. Baptist Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 day** (Specify whether years, months or days)
In this community **4 day**

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. **4311 N. Florissant Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mathilda Rennekamp**
3. (b) If veteran name war **3**
3. (c) Social Security No. _____
4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Louis Rennekamp**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 27 1868**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept. 16** day **16** 1948
year **1948** hour **7 45** minute **Pm.** M.
21. I hereby certify that I attended the deceased from **March 18**, 19**48**, to **Sept 16**, 19**48**
that I last saw her alive on **Sept 16** and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **10** Days **19** If less than one day hr. _____ min. _____
9. Birthplace **Black Jack Mo.** (City, town, or county) (State or foreign country)
10. Usual occupation **House Wife**

Immediate cause of death **Peritonitis**
Due to **Voluntaries of small intestine + ruptured**
Due to _____
Other condition **Generalized arteriosclerosis**
(Include pregnancy within 3 months of death)
Probable lymphosarcoma
Major findings: _____
Of operations: _____

MOTHER FATHER
12. Name **Fred Alsmeyer**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Caroline**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)
16. (a) Informant **Alfred Rennekamp**
(b) Address **710 Thrush Ave.**
17. (a) **Burial** (b) Date thereof **Sept. 20 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Salem Lutheran Cem.**
18. (a) Signature of funeral director **Friedrich P. Homs**
(b) Address **8319 Halls Ferry Rd.**
19. (a) **SEP 18 1948** (b) **J. J. Bresack**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Of autopsy **Voluntaries of jejunum & peritonitis, abscess, & peritonitis**
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 (a) Means of injury _____
23. Signature **Donald E. Kilker** (M. D. or other) **M.D.**
Address **3121 N. Grand** Date signed **17 Sept 48**

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.....

Elton H. Pennington

Licensed Embalmer No. *4283*

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.