

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32590**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>2111</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Jefferson Barracks, Mo.</b> ) c. LENGTH OF STAY (in this place) <b>9 days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vet. Adm. Hospital</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Maplewood</b> d. STREET ADDRESS (If rural, give location) <b>3117 Bartold</b>				
3. NAME OF DECEASED a. (First) <b>John</b> (Type or Print)			b. (Middle) <b>RENNA</b>		c. (Last)		4. DATE OF DEATH (Month) <b>Sept.</b> (Day) <b>1,</b> (Year) <b>1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 9, 1893</b>	9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Gaetano Renna</b>			13b. MOTHER'S MAIDEN NAME <b>Philamenia (maiden name Unk.)</b>		14. NAME OF HUSBAND OR WIFE <b>Caroline</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>Wor 1d War I</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eugene F. Nolan, Registrar</b>		ADDRESS <b>Vet. Adm. Hosp. Jeff. Bks. Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CHRONIC GLOMERULONEPHRITIS</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>Unk</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>592X</b>				20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<b>592X</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>Aug. 23, 1949</b> , to <b>Sept. 1, 1949</b> , that I last saw the deceased alive on <b>Sept. 1, 1949</b> , and that death occurred at <b>11:40 a.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>L.E. Stilwell, M.D., Chf. Prof. Services</b> (Degree or title)				23b. ADDRESS <b>Vet. Adm. Hosp. Jeff. Bks. Mo.</b>		23c. DATE SIGNED <b>9/1/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/6/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>9-6-49</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Donke, M.D.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Hoffmeister U. &amp; L. Co.</b>		ADDRESS <b>St. Louis, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

M-55

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Harvey Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 South Broadway

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.