

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38400

State File No. _____

FILED NOV 16 1949

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 204

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

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>6134 LUCILLE AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>	b. (Middle)	c. (Last) <u>RENZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 2 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>MAY 8, 1864</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>ADAM KRIEGSHAUSER</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SUEDEHOFF</u>	14. NAME OF HUSBAND OR WIFE <u>LATE CHARLES RENZ</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MINNIE RENZ</u> ADDRESS <u>6134 LUCILLE AVE.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, left lower lobe</u>	DUE TO (b) <u>diabetes, chronic</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	EXCLUDED (c) <u>Arteriosclerosis, Hypertension</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-25, 1949, to 11-2, 1949, that I last saw the deceased alive on NOV. 2, 1949, and that death occurred at 10:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Russell Hider, M.D.</u>	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>11-3-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 5, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-9-49</u>	REGISTRAR'S SIGNATURE <u>Francis H. Hider</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ADAM KRIEGSHAUSER</u> ADDRESS <u>4278 S. KINGS -</u>
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----- District File Number -----

District Health Officer No. 9

RECEIVED NOV 12 1949

NOV 17 1949

DEC 7 1949

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 Richard W. Stoverand

Licensed Embalmer No. 4007

P. O. Address _____

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.