

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7028

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **615**

4005

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights	c. LENGTH OF STAY (In this place) 2 wks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Millstadt	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 8	

8120

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) _____ c. (Last) Renner		4. DATE OF DEATH (Month) (Day) (Year) 3/7/50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 4, 1878
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Belleville, Illinois
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Unknown Hoffner	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Conrad H. Renner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Herbert Renner	ADDRESS 9270 Villa Rd. St. Louis Co. 24 Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ Cerebral Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 260X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ Arteriosclerosis		
	DUE TO (c) _____ Deabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---			

19a. DATE OF OPERATION	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) (Minute) ---	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 **3/1/50** 19**50**, to **3/7/50**, that I last saw the deceased alive on **3/7/50**, and that death occurred at **1:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Rommeherr	(Degree or title) _____	23b. ADDRESS 634 Grand	23c. DATE SIGNED 3/8/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/9/50	24c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
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DATE REC'D BY LOCAL REG. MAR 9 1950	REGISTRAR'S SIGNATURE Herbert Kaloupek	25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Weber	ADDRESS 3634 Gravois
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed Robert Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

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.

1921 H. HAV