

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31876**
7924
Registrar's No. _____

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____					
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place) 1 hr		c. CITY OR TOWN St Louis		7029			
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Anthony Hospital				d. STREET ADDRESS (If rural, give location) 5636 Finkman					
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) E		c. (Last) Rennick		4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1950			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 17, 1902			
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Hardware		11. BIRTHPLACE (State or foreign country) Clinton, Ky.		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME James Rennick			13b. MOTHER'S MAIDEN NAME Nora E Jordan			14. NAME OF HUSBAND OR WIFE Marie Rennick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 492-05-8379		17. INFORMANT'S SIGNATURE OR NAME Marie Rennick		ADDRESS 5636 Finkman			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 4 hours	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____					
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? H2O1					
22. I hereby certify that I attended the deceased from Sept 13, 1946 , to Sept 18, 1950 , that I last saw the deceased alive on Sept 17, 1950 , and that death occurred at 2:45 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE D. Benjamin (Degree or title) MD				23b. ADDRESS 7430 Virginia Ave		23c. DATE SIGNED 9/26/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/21/50		24c. NAME OF CEMETERY OR CREMATORY St Paul Chyd		24d. LOCATION (City, town, or county) (State) St Louis County, Mo.			
DATE REC'D BY LOCAL REG. SEP 19 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons ADDRESS 7027 Gravois					

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

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

Francis J. Evans

Signed.....
Student Embalmer

Licensed Embalmer No. *2245*

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.