

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 665

1. PLACE OF DEATH a. COUNTY <i>St Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MISSOURI</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Maplewood Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>MAPLEWOOD</i> 4534	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>SNYDER-NURSING HOME</i>		d. STREET ADDRESS (If rural, give location) <i>5225 OAK VIEW TERRACE</i>	
3. NAME OF DECEASED (Type or Print) <i>ELIZABETH</i>		c. (Last) <i>RENNER</i>	
- a. (First)		b. (Middle)	
4. DATE OF DEATH (Month) (Day) (Year) <i>MARCH 13 1951</i>			
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>FEB 14 1870</i>
9. AGE (In years last birthday) <i>81</i>		IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 24 HRS. Days <i>29</i> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE WORK</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>	
11. BIRTHPLACE (State or foreign country) <i>EGER AUSTRIA</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <i>ANDREW THUMSER</i>		13b. MOTHER'S MAIDEN NAME <i>MAGDELINE GRADE</i>	
14. NAME OF HUSBAND OR WIFE <i>CHARLES RENNER (DECEASED)</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Robert C. Thumser</i>		ADDRESS <i>3939 Federal Pl</i>	
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.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio sclerosis</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <i>Arterio sclerotic heart disease, years (mitral regurgitation)</i>			
DUE TO (c) <i>cerebral thrombosis</i>			
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 <i>342.00</i>	
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) _____		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 <i>517</i> , 1937 to <i>3/12</i> , 1951, that I last saw the deceased alive on <i>3/2</i> , 1951, and that death occurred at <i>12:50 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>J. J. Moskay, M.D.</i> (Name or title)		23b. ADDRESS <i>ST. LOUIS 4 MO. 3554 VICTOR ST.</i>	
23c. DATE SIGNED <i>3/13/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>MARCH 15-1951</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>ST PETER &amp; PAUL CEM</i>		24d. LOCATION (City, town; or county) (State) <i>ST. LOUIS MO</i>	
DATE REC'D BY LOCAL REG. <i>3-14-51</i>		REGISTRAR'S SIGNATURE <i>Neville R. Donke MD</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>Wm Robert Lutz Co</i>		ADDRESS <i>1805 So Grand Blvd</i>	

RWR (Licensed Embalmer's Statement on Reverse Side)

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

4004  
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MAY 16 1957

**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 Ronald O Yehaka

Licensed Embalmer No. 3917

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.