

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25168**  
Registrar's No. **6456**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1015a Shenandoah		STREET ADDRESS (If rural, give location) 1015a Shenandoah	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Charles	b. (Middle) H	c. (Last) Rengier	(Month) 7	(Day) 18	(Year) 51
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4-20-1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Anton Rengier	13b. MOTHER'S MAIDEN NAME Elizabeth Paline	14. NAME OF HUSBAND OR WIFE Gertrude Rengier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Gertrude Rengier
		ADDRESS 1015a Shenandoah

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		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Prostate		
	ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 177X

22. I hereby certify that I attended the deceased from Dec, 1947, to July 18, 1951, that I last saw the deceased alive on July, 1951, and that death occurred at P. m., from the causes and on the date stated above.

23a. SIGNATURE R. B. Ham, M.D.	(Degree or title)	23b. ADDRESS 2000 S. Broadway	23c. DATE SIGNED 7/19/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-21-51	24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul	24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JUL 19 1951 J. B. Hasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen
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(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Dale O. Steinhilber

Signed.....  
Student Embalmer

Licensed Embalmer No. 94533

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.