

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18971**  
Registrar's No. **11641**

**FILED** MAY 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Arbor Terrace</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2129</b>	
c. LENGTH OF STAY (in this place) <b>10 months</b>		d. STREET ADDRESS (If rural, give location) <b>5540 Pershing</b> <b>12</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mother of Good Counsel</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alma</b> b. (Middle) _____ c. (Last) <b>Renner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5/2/52</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Jan. 26, 1874</b>
9. AGE (In years last birthday) <b>78</b>		10. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (State or foreign country) <b>Belleville, Ill.</b> <b>/</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown Bunsen</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Ernest</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Louis Kasban--5540 Pershing</b>		ADDRESS _____	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General senile infirm-extreme-hypertension</b>		<b>Gen. arterio sclerosis-block heart</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myo-carditis-intermittent--extreme-ol-</b>		<b>hip joint-disease-12 Yrs-ago-</b>	
DUE TO (c) <b>4" shortening</b>			
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 <b>Died in the Home of the incurables.</b> <b>443X</b>	
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) (Min.) _____		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 <b>7-11-51, 19</b> , to <b>5-1-52</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:00p.-m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Herbert R. Donke</b> (Degree or title) _____		23b. ADDRESS <b>3734- Jennings Rd.</b>	
23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/5/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5-2-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Heldub</b>		ADDRESS <b>3634 Gravois</b>	

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(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*Frank J. James, Sr.*

Licensed Embalmer No. *2645*

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.