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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44168

State File No. ....

REG. #107,157

FILED JAN 9 1953

BIRTH NO. ....

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3317

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>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (In this place) <b>24 DAYS</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>3112 IOWA</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>O.</b> c. (Last) <b>RENO</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-25-52</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1-29-97</b>
9. AGE (In years last birthday) <b>55 YRS</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STOREKEEPER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ROCK BRIDGE, ILLINOIS</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. KIND OF BUSINESS OR INDUSTRY <b>Clerk</b>	
13a. FATHER'S NAME <b>PHILIP RENO</b>		13b. MOTHER'S MAIDEN NAME <b>ASHLEY CHRIST</b>	
14. NAME OF HUSBAND OR WIFE <b>ELVERA RENO</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give year or dates of service) <b>WW-I</b>	
16. SOCIAL SECURITY NO. <b>408034498</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF RECTUM</b> INTERVAL BETWEEN ONSET AND DEATH  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. <b>154X</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		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) <b>VA</b>		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>12-11-52</b> , 19 <b>52</b> , to <b>12-25-52</b> , 19 <b>52</b> , that I was present at the death, and that death occurred at <b>5:15 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. T. McFadden Jr.</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VET. ADM HOSP, JEFF BRKS, MO.</b>	
23c. DATE SIGNED <b>12-26-52</b>			
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-29-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-28-52</b>		REGISTRAR'S SIGNATURE <b>Hank R. Lamb-M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern</b>		ADDRESS <b>6322 S. Grand</b>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *David Thomas*

Licensed Embalmer No. *4292*

P. O. Address *6322 So Grand*

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.