No. 300
10-48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

4150

State File No.

FILED JAN 31 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 177

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RichmondsHeightsal
c. LENGTH OF STAY (in this place) lwk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2059
d. STREET ADDRESS (If rural, give location) 6055 Cabanne Pl.

**3. NAME OF DECEASED** (Type or Print): a. (First) Constantine b. (Middle) Louis c. (Last) deRenthel

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 16, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 17, 1873
9. AGE (In years last birthday): 79yrs (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: LAW OFFICE
11. BIRTHPLACE (City and State or Foreign Country): Buenos Aires
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Alexander vonRenthel
13b. MOTHER'S MAIDEN NAME: Marie Antoinette deSaint Croix
14. NAME OF HUSBAND OR WIFE: Byrtie deRenthel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Byrtie deRenthel 6055 Cabanne Pl.

**MEDICAL CERTIFICATION**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis — INTERVAL BETWEEN ONSET AND DEATH: uncertain

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary occlusion — 1 wk.
DUE TO (c) Pulmonary Edema — 1 wk

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: 4200
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/29, 1952, *to* 1/16, 1953, *that I last saw the deceased alive on* 1/16, 1953, *and that death occurred at* 7:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas W. Parker MD
23b. ADDRESS: 4660 Maryland
23c. DATE SIGNED: 1/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Harrisberg Cemetery
24d. LOCATION (City, town, or county) (State): Harrisberg, Ill.

DATE REC'D BY LOCAL REG.: 1-19-53
REGISTRAR'S SIGNATURE: Herbert R. Donk M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Oelander & Sons 6175 Delmar

(Licensed Embalmer's Statement on Reverse Side)

Thomas Barber
4460 Maryland

## 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 Jos. E McCulloh
Licensed Embalmer No. 2460
P. O. Address 6176 Delmo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.