

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8171**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **640**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clayton)		c. LENGTH OF STAY (In this place) 2 weeks	c. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural. Chesterfield, Mo. R.R.)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospt		d. STREET ADDRESS (If rural, give location) Holloway Road	
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) S. L.	c. (Last) Renzelman
4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1953		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Feb. 18, 1896		9. AGE (In years) (If under 1 year: Year Months Days) (If under 12 months: Year Months Days) (If under 12 hours: Hours Min.) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (City and State or Foreign Country) Wray Co. Colorado		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Conrad Renzelman		13b. MOTHER'S MAIDEN NAME Louisa Bergman	
14. NAME OF HUSBAND OR WIFE Divorced		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME MO. ADDRESS Mrs. E. Brueggemann, Chesterfield	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary dyspnea ANTECEDENT CAUSES DUE TO (b) Thrombo emboli due to bed fastness 2 wks. DUE TO (c) Tumor of Pituitary gland of Brain 3.6 mos. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Esophageal ulcer Toxic splenitis Congestive Hepatomegaly	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2 wks	
20. AUTOPSY? YES <input checked="" 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?		22. I hereby certify that I attended the deceased from 2-6, 1953 , to 2-24, 1953 , that I last saw the deceased alive on 2-24, 1953 , and that death occurred at 5:07 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Charles E. Nichols M.D.		23b. ADDRESS 601 S. Brentwood, Clayton	
23c. DATE SIGNED 2-25-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 27, 1953		24c. NAME OF CEMETERY OR CREMATORY Salem Methodist	
24d. LOCATION (City, town, or county) (State) Ballwin, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.	
DATE REC'D BY LOCAL REG. 2-25-53		REGISTRAR'S SIGNATURE Hubert R. D... M.D.	

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

Geo. A. ...

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.