No. 300
10-48

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21144

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5677

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2-11-9
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ O
e. STREET ADDRESS (If rural, give location) 3717 A. Alberta
No

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle)
c. (Last) Rengier

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1954

5. SEX Male O

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 19 1883

9. AGE (In years last birthday) 71 | 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) Bottler

10b. KIND OF BUSINESS OR INDUSTRY Brewery

11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo O

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Anthony Rengier

13b. MOTHER'S MAIDEN NAME Elizabeth Pamme

14. NAME OF HUSBAND OR WIFE Josephine Rengier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Josephine Rengier **ADDRESS** 3717 A, Alberta Str.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Superior Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 Hrs

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General Arteriosclerosis — 10 Yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of Prostate — 6 Yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) 570.2 H

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* _____ *19* 47, *to* 24 June, *19* 54, *that I last saw the deceased alive on* June 23, *19* 54, *and that death occurred at* 12:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD

23b. ADDRESS 3720 Washington St. Louis, Mo

23c. DATE SIGNED 6/24/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/28/54

24c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem

24d. LOCATION (City, town, or county) (State) St Louis Missouri.

DATE REC'D BY LOCAL REG. JUN 24 1954

REGISTRAR'S SIGNATURE J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Moydell Funeral Home 1926 Allen Av

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Reinhold R. Lohm

Licensed Embalmer No. 339

P. O. Address St. Lou

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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