

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42738

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11235**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 21690	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place)		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3240 - MICHIGAN 16		e. STREET ADDRESS (If rural, give location) 3240 - MICHIGAN	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) X c. (Last) RENGIER		4. DATE OF DEATH (Month) (Day) (Year) DEC 7 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH MAR 8 1876
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SHOE WORKER	11. BIRTHPLACE (City and State or Foreign Country) GERMANY 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ANTHONY RENGIER		13b. MOTHER'S MAIDEN NAME ELIZABETH PAMME	
14. NAME OF HUSBAND OR WIFE ANNA RENGIER (DEC'D)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ELIZABETH HINTON ADDRESS 3240 MICHIGAN	
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) Arterio-sclerotic Heart Disease ANTECEDENT CAUSES Arterio Sclerosis 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 Jan 1, 1951 , to Dec 7, 1954 , that I last saw the deceased alive on Dec 7, 1954 , and that death occurred at 6:45 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Dr. Frank M. ...		23b. ADDRESS 2021 - 10 Jefferson	
23c. DATE SIGNED 11/9/54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE DEC. 10 1954		24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Leavies	
DATE REC'D BY LOCAL REG. DEC 10 1954		REGISTRAR'S SIGNATURE Carl Smith	

(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed *Samuel E. Hill*.....

Licensed Embalmer No. *434*.....

P. O. Address *2906*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.