

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44340

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2945</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Charles</u>	
c. LENGTH OF STAY (in this place) <u>8 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		d. STREET ADDRESS (If rural, give location) <u>104 N. Fourth Street</u>		<u>0923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>104 N. Fourth Street</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Bertha</u>	b. (Middle) <u>May</u>	c. (Last) <u>Renno</u>	Month <u>Dec.</u>	Day <u>21</u>	Year <u>1954</u>	Female	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>May 2, 1873</u>		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country)
<u>Never married</u>		<u>May 2, 1873</u>		<u>81</u>		<u>Secretary Treasurer</u>	<u>Namoka, Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Secretary Treasurer</u>		<u>Cosmos-Monitor</u>		<u>Namoka, Illinois</u>		<u>U.S. A.</u>	
13a. FATHER'S NAME <u>Joseph P. Renno</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Mounger</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<u>No</u>		<u>None</u>		<u>Homer Mounger, Pocahtontas, Illinois</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				<u>Arteriosclerotic Heart Disease</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>yrs.</u>			
ANTECEDENT CAUSES				DUE TO (b) <u>Generalized Arteriosclerosis</u> <u>yrs.</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>C.B.S. Assoc. with Senile Brain Disease</u> <u>yrs.</u>			
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"/>	
						<u>4200</u>	
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 <u>Mar. 23, 1954</u> , to <u>Dec. 21, 1954</u> that I last saw the deceased alive on <u>Dec. 21, 1954</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
<u>J. A. Costello</u>				<u>M.D.; 2407 N. Broadway, St. Louis 6</u>		<u>12/21/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Removal</u>		<u>Dec. 23, 1954</u>		<u>Oak Grove Cemetery</u>		<u>St. Charles, Missouri</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<u>12-22-54</u>		<u>Hubert R. Danks</u>		<u>W. C. Dalloway, St. Charles, Mo.</u>			

1526 (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
Student Embalmer

Signed *Frank R. Amalson*

Licensed Embalmer No. *4832*

P. O. Address *St Charles, 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.