

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

19204

FILED JUN 20 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5094 Registrar's No. 159

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>JEFFERSON</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL MERAMEC</u>	c. LENGTH OF STAY (In this place) <u>6 mos</u>	a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HILLSBORO RR#2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - MERAMEC</u> d. STREET ADDRESS (If rural, give location) <u>HIGH RIDGE MO</u>	

3. NAME OF DECEASED (Type or Print) <u>BERTNA</u>			a. (First)			b. (Middle)			c. (Last) <u>RENZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-6-55</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 21-1895</u>			9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months		IF UNDER 10 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>LOUIS KERN</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA MARIE RAPP</u>			14. NAME OF HUSBAND OR WIFE <u>CARL RENZ</u>		
--	--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MR CARL RENZ</u>				ADDRESS <u>HOUSE SPRINGS MO.</u>			
---	--	---	--	---	--	--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of Brain</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Myocarditis</u>							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>						20. AUTOPSY? YES <input 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) 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, 1955, to June 6th, 1955, that I last saw the deceased alive on 6-6, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>T. B. Edwards M.D.</u>		23b. ADDRESS <u>Godar Hill Mo.</u>		23c. DATE SIGNED <u>6/7/55</u>	
--	--	--	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>6/9/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Pauls Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
--	--	-----------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>6-11-1955</u>		REGISTRAR'S SIGNATURE <u>Ruth Jissa</u>		438		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brunner Funeral Home House Springs</u>		ADDRESS	
---	--	---	--	------------	--	--	--	----------------	--

**JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI**

DATE RECEIVED

JUN 15 1955

JUN 15 1955

JUN 15 1955

601 22 100

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 *Francis J. Wylond Jr*
Licensed Embalmer No. *4512*
P. O. Address *St Louis, Mo*

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

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