

No. 300  
0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15094

State File No. ....

FILED APR 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 548 Registrar's No. 991

|                                                                                                           |  |                                                                                                                                            |  |
|-----------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                                                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Webster Groves,</u> |  | c. CITY OR TOWN <u>Webster Groves</u>                                                                                                      |  |
| c. LENGTH OF STAY (In this place)<br><u>4 yrs</u>                                                         |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>39 E. Frisco</u>                                               |  | e. STREET ADDRESS (If rural, give location)<br><u>39 E. Frisco</u>                                                                         |  |

|                                        |                             |             |                         |                                                                   |
|----------------------------------------|-----------------------------|-------------|-------------------------|-------------------------------------------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>Austin E.</u> | b. (Middle) | c. (Last) <u>Renick</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>April 16, 1956</u> |
|----------------------------------------|-----------------------------|-------------|-------------------------|-------------------------------------------------------------------|

|                       |                                  |                                                                           |                                         |                                              |                           |                         |                           |      |
|-----------------------|----------------------------------|---------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|---------------------------|-------------------------|---------------------------|------|
| 5. SEX<br><u>male</u> | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify)<br><u>married</u> | 8. DATE OF BIRTH<br><u>Aug. 3, 1893</u> | 9. AGE (In years last birthday)<br><u>62</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 1 HRS.<br>Days | IF UNDER 15 MIN.<br>Hours | Min. |
|-----------------------|----------------------------------|---------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|---------------------------|-------------------------|---------------------------|------|

|                                                                                                             |                                                         |                                                                       |                                            |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Guard</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Det. Agency</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>usa</u> |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|

|                                              |                                                     |                                                           |
|----------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|
| 13a. FATHER'S NAME<br><u>Benjamin Renick</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Irwin</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Harriette E. Renick</u> |
|----------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|

|                                                                                                                                   |                                       |                                                                           |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)<br><u>yes world war I</u> | 16. SOCIAL SECURITY NO.<br><u>unk</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. H. Renick, 39 E. Frisco,</u> | ADDRESS<br><u>Webster Groves</u> |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------|----------------------------------|

|                                                                                                                                                                                                                                 |                                                                                                                                                        |  |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacteremia + Terminal Pneumonia</u>                                 |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5-8 days</u> |
|                                                                                                                                                                                                                                 | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cx of lungs</u> |  | <u>8-10 weeks</u>                                   |
|                                                                                                                                                                                                                                 | DUE TO (c) <u>F. necro Aeris to liver</u>                                                                                                              |  |                                                     |
|                                                                                                                                                                                                                                 | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)<br><u>163x</u> |
|------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------|

|                                                 |                                                                                                        |                            |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|
| 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 5-25, 1946, to 4-16, 1956, that I last saw the deceased alive on 4-14, 1956, and that death occurred at 215a m., from the causes and on the date stated above.

|                                                                |                                     |                                    |
|----------------------------------------------------------------|-------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>Ernest Younger H.D.</u> | 23b. ADDRESS<br><u>3624 Russell</u> | 23c. DATE SIGNED<br><u>4-17-56</u> |
|----------------------------------------------------------------|-------------------------------------|------------------------------------|

|                                                            |                             |                                                            |                                                                           |
|------------------------------------------------------------|-----------------------------|------------------------------------------------------------|---------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 24b. DATE<br><u>4-19-56</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>National Cem.</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Jeff. B. ks., Mo.</u> |
|------------------------------------------------------------|-----------------------------|------------------------------------------------------------|---------------------------------------------------------------------------|

|                                            |                                                       |                                                                  |                                                       |
|--------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>4-17-56</u> | REGISTRAR'S SIGNATURE<br><u>Herbert R. Dombrowski</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Southern Funeral Home</u> | ADDRESS<br><u>6322 S. Grand Blvd., St. Louis, Mo.</u> |
|--------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Ernest Younger  
3624 Russel Dr 3-6700  
9 to 10 A.M.

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.....  
David Van Fossan

Licensed Embalmer No. 424

P. O. Address 6322 1/2 St.

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.