

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25217**
 Registrar's No. **5999**

FILED JUL 20 1956

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|--|--------------------|--|--|---|---|--|--|---|----------------------|---------------------|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri | | | | b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis | | | c. LENGTH OF STAY (in this place) 2yr, 9mo, 22da | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital | | | | e. STREET ADDRESS (If rural, give location) 14 5025 Sutherland | | | | 214/2 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Otto | | | b. (Middle) Renn | | c. (Last) Renn | | 4. DATE OF DEATH (Month) (Day) (Year) 6 25 1956 | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 2/19/1884 | | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian | | | 10b. KIND OF BUSINESS OR INDUSTRY Gen'l Am. Life | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME August Renn | | | 13b. MOTHER'S MAIDEN NAME Eva | | | 14. NAME OF HUSBAND OR WIFE Mary Ritchel | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 498-03-4985 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS St. Louis Chronic Hospital, 560-5800 Arsenal | | | | | | |
| 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) Central Arteriosclerosis | | | | ANTECEDENT CAUSES Generalized Arteriosclerosis | | | | | | |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | |
| | | | | DUE TO (c) Arteriosclerotic Heart Disease | | | | | | |
| 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 334. x | | | | | | 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) | | 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 9/3, 1953, to 6/25, 1956, that I last saw the deceased alive on 6/25, 1956, and that death occurred at 9:55A. m., from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE George M. Janaka, M.D. | | | | 23b. ADDRESS 5600 Arsenal | | | | 23c. DATE SIGNED June 25, 1956 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | | 24b. DATE 6/25/56 | | 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo | | | | |
| DATE REC'D BY LOCAL REG. JUN 25 1956 | | REGISTRAR'S SIGNATURE [Signature] | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois | | | | | |

(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

Not embalmed
Signed.....
Licensed Embalmer No.....

P. O. Address

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.