FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-008288

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 662

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ladue — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 10 Danfield Rd — Length of stay in 1b 2 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ladue 4421 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 10 Danfield Rd — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Josephine Middle Last Rengel

4. DATE OF DEATH Month Mar. Day 3. Year 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** X **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH July 23. 1880

9. AGE (In years last birthday) 77

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis Rengel

14. MOTHER'S MAIDEN NAME AAdelaideiKanne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Agnes Levinson Address 10 Danfield Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca of breast
DUE TO (c) 170X

INTERVAL BETWEEN ONSET AND DEATH: Uncertain

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 21 57 to Mar 3 58 and last saw her/him alive on Feb 15 58. Death occurred at 10 Danfield Rd on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O Mulcher MD **22b. ADDRESS** 4161 Lindell **22c. DATE SIGNED** 3/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal **23b. DATE** 3/5/58 **23c. NAME OF CEMETERY OR CREMATORY** SS Peter & Paul Cem. **23d. LOCATION** (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Stock Mortuary **ADDRESS** 889 S. Brentwood Clayton

25. DATE RECD. BY LOCAL REG. 3-5-58

26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18 or 19 to describe symptoms, signs, or conditions in lieu of specific diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 47

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.