

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049100

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3818

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4000
2 4000

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED JAN 10 1963</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>St. Louis</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Manchester</u> Length of stay in lb <u>18 mo.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u></p> <p>c. CITY OR TOWN <u>Allenton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Minnie - Renneberg</u></p>		<p>4. DATE OF DEATH Month Day Year <u>Dec 29 1962</u></p>	
<p>5. SEX <u>F</u></p>	<p>6. COLOR OR RACE <u>w.</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Sept 18, 1876</u></p>
<p>9. AGE (last birthday) <u>86.</u></p>		<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife.</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>-</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Texas</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.</u></p>		<p>13a. FATHER'S NAME <u>Jhn Henry Bruns</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>not known</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Geo. Renneberg (deceased)</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u></p>		<p>16. SOCIAL SECURITY NO. <u>none</u></p>	<p>17. INFORMANT <u>Pauline Paige</u> Address <u>Union, Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Uremia</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Pyelo-nephritic</u></p> <p>DUE TO (c) <u>Acute Nephritis</u></p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u></p> <p><u>Don't know</u></p> <p><u>Don't know</u></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hepatic Fibrosis</u> <u>Diverbicula</u></p>		<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from <u>June 14, 1961</u> to <u>Dec. 28, '62</u> and last saw her/him alive on <u>Dec. 28, 1962</u></p> <p>Death occurred at <u>12:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>Walter W. Laffey, D.O.</u></p>		<p>22b. ADDRESS <u>Box 122 Manchester, Mo.</u></p>	
<p>22c. DATE SIGNED <u>12-29-62</u></p>		<p>(State)</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Dec. 31, 1962</u></p>	<p>23b. DATE</p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Pacific Modern</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Pacific MO.</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>Mrs. John L. Thebes Pacific Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>12-29-62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>John Murphy M.D.</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union No.

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.