MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34638

File No. 10021
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis Mo.

Registration District No. 1003
Primary Registration District No.
(No. 5620 Roosevelt Pl. St. Ward)

2. FULL NAME Hazel Rentchler

(a) Residence: No. 5620 Roosevelt Pl. St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 - 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	2	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Hy. Pette
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Charles E. Rentchler
(Address) 5620 Roosevelt Pl.

15. FILED OCT 22 1930 Mae C Starkoff
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1930

17. I HEREBY CERTIFY, That I attended deceased from October 9th, 1930, to October 21, 1930 that I last saw h. alive on October 21, 1930, and that death occurred, on the date stated above, at 12 - P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis.
(duration) — yrs. 6 mos. — ds.
CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis Arteriosclerosis (duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frank J. V. Krebs, M. D.
Oct. 22, 1930 (Address) 3500 N Grand.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park. DATE OF BURIAL Oct 24 1930

20. UNDERTAKER Hy Leidner Und Co. ADDRESS 1417 N. Market

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