

Registration District No. 7917 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 50 Years years, months or days)

3. (a) PRINT FULL NAME Anton Renth
8. (b) If veteran, name war World War 8. (c) Social Security No. No
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 17, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 19 _____ hr. min.

9. Birthplace Frogtown Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Henry Renth

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ackerman

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marvin Renth

(b) Address 2712 A Winnebago

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/40
(Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Edgar G. Hoffmeister
(b) Address 4016 Chippewa

19. (a) FEB 7 1940 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4412 E 27th Virginia
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 6 day _____
year 1940 hour 7 minute a M.

21. I hereby certify that I attended the deceased from
Feb. 5, 1940, 19____, to Feb. 6, 1940, 19____;
that I last saw him alive on Feb. 6, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute obstruction of spleen
Due to Carcinoma of splenic flexure
Duration 72 hrs.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none
Of autopsy Acute obstruction due to carcinoma of splenic flexure
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work (Specify type of place) _____
28. Signature Edmund Sheffer (M. D. or other) MD
Address 4500 Olive St. Date signed 2/7/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Ernest W. Spillars
Licensed Embalmer No. 3628 Penn
P. O. Address Licence 4080

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 this body is not embalmed, above space should be left blank.