

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 2260

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence 6053 Pershing Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME CHARLES B. RENOE

3. (b) If veteran, name war unknown

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Era Renoe

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 18 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>21</u>	hr. _____ min.

9. Birthplace Calloway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business Dentist

12. Name Charles Renoe

13. Birthplace Call 9 unknown
(City, town, or county) (State or foreign country)

14. Maiden name to be given November

15. Birthplace Call 9 unknown
(City, town, or county) (State or foreign country)

16. (a) Informant June Haggall Renoe.

(b) Address 6053 Pershing Ave., St. Louis

17. (a) Cremation (b) Date thereof Mar. 12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address St. Louis, Missouri.

19. (a) MAR 11 1941 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6053 Pershing Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1941 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 14 1941 to March 11 1941; that I last saw him alive on March 10 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction bowel Duration 3da

Due to Carcinoma Colon 6 mo

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy _____

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) _____ (c) Means of injury 0

23. Signature [Signature] (M. D. or other) MD

Address 4022 Weston St Date signed 3-11-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
17
9

Dr. Victor Kieffer
4500 Olive Street

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

Clarence H Murray

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo*

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, fact should be so stated above.