

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9258

State File No. _____

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 2668

1. PLACE OF DEATH: St. Louis, Mo.
 (a) County St. Louis, Mo.
 (b) City or town _____
 (c) Name of hospital or institution: City Hospital 0
 (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 Fred Renier
 3. (b) If veteran, name war World War
 3. (c) Social Security No. None

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced Married /
 6. (b) Name of husband or wife Gertrude Renier 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased Aug. 20, 1894
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 7 3 hr. min.

9. Birthplace Cincinnati, Ohio.
 (City, town, or county) (State or foreign country)

10. Usual occupation Locksmith

11. Industry or business _____

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Renier
 (b) Address 4058 Easton Ave.,

17. (a) CREMATION (b) Date thereof 3/26/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Sullivan Und. Co.
 (b) Address 2849 N. Tuclid

19. (a) MAR 23 1941 (b) J. H. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County U.
 (c) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL")
4058 Easton Ave.,
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 23 rd
 year 1941 hour 5:00 minute P. M.

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

Immediate cause of death Gun shot wound of chest & abdomen - inflicted by himself -
suicide 23 1941
 Due to _____
 Due to _____

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

Major findings: _____
 Of operations _____
 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) Suicide
 (b) Date of occurrence March 23 1941
 (c) Where did injury occur? at home
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work _____ (Specify type of place)
 Means of injury gunshot

23. Signature [Signature] (M. D. or other)
 Address _____ Date signed [Signature]

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

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.....

Albert Mayfield

Licensed Embalmer No.....

3077

P. O. Address.....

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.