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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37215

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9445**

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: **Enroute City Hospital 3**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **020**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **175**

(d) Street No. **5300a Vernon Ave.**
(If rural, give location) **2**

(e) Citizen of foreign country?.....
If yes, name country (Yes or No)

3. (a) PRINT FULL NAME **Theodore Renner**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **27th**
year **1941** hour **8** minute **40 A.M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Caroline** 6. (c) Age of husband or wife if alive **5** years **1859**

7. Birth date of deceased **Jan. 5 1859**
(Month) (Day) (Year)

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

8. AGE: Years **83** Months **10** Days **22**
If less than one day hr. min.

Immediate cause of death **Regional Ileitis; Cholelithiasis; Aortic Regurgitation.** Duration

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

Due to.....
Due to.....

10. Usual occupation **Farmer**

Other conditions **920**
(Include pregnancy within 3 months of death)

11. Industry or business.....

MOTHER FATHER

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country) **9**

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country) **9**

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Theodore Renner Jr.**

(b) Address **Perryville, Mo.**

17. (a) **Removal** (b) Date thereof **11-28-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Perryville, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **NOV 28 1941** (b) **J. F. Budick**
(Date received final report) (Registrar's signature)

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) (e) Means of injury **3**

23. Signature **Albert H. Hoppe** (M. D. or other) **3**
Address **Perryville, Mo.** Date signed **11/28/41**

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..... *Wilford G. Buonle*
Licensed Embalmer No..... *4203*
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.