

FILED APR 3 1943 818

Registration District No. _____ Primary Registration District No. _____

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:
3408 Miami St., /
(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: **000 17 9 16**

(a) State Missouri, (b) County _____

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

(d) Street No. 3408 Miami St.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Louise Renner,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph M. Renner, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 17 1889.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>8</u>	hr. _____ min.

9. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER { 12. Name Phillip Bellon,

13. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know,

15. Birthplace Dont Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph M. Renner,

(b) Address 3408 Miami St.,

17. (a) Burial, (b) Date thereof 3/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. P. & P. Cem.

18. (a) Signature of funeral director Edwin - Benz Mortuary
2845 Meramec St.

(b) Address _____

19. (a) MAR 26 1943 (Date received local registrar) J. J. Wredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1943 hour 7: minute 00 A. M.

21. I hereby certify that I attended the deceased from 1940
_____ 1940 to March 25 1943
that I last saw h. W. alive on March 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease

Due to _____

Due to _____

Other conditions June H.H.
(Include pregnancy within 3 months of death)

Major findings: Hodgkins disease

Of operations _____

Of autopsy _____

Duration _____

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 June

(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 _____

23. Signature J. J. Wredeck (M. D. or other) J. J.

Address 3616 E. Parkway Date signed 3-25-43

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Joe D. Benz
.....
Licensed Embalmer No. 4249

2842 Me Crane St.,

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.