DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1946

State File No. 10799

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 584

1. PLACE OF DEATH:

(a) County St Louis.

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

(c) Name of hospital or institution: Co[illegible] [illegible] 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 Mo (b) County Ood

(c) City or town St Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 9 (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Stanley Renkins

3. (b) If veteran, name war .....

3. (c) Social Security No. ---------

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased Oct (Month) 18 (Day) 1908 (Year)

8. AGE: Years 37 Months 4 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Roseland (City, town, or county) Washington (State or foreign country)

10. Usual occupation Unployed

11. Industry or business .....

FATHER
12. Name Charles Renkins
13. Birthplace Leuthaina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Yogella
15. Birthplace Lethunia (City, town, or county) (State or foreign country)

16. (a) Informant Frank Renkins

(b) Address 3324 N. 11th Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co

(b) Address 1841 Cass ave

19. (a) 3-5-46 (Date received local registrar) (b) E.G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Unknown day Unknown year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Death without medical attendance, 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to 200C

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy No autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature E.G. McGovern M.D. (M. D. or other)

Address 601 Brentwood Blvd. Date signed 3/[illegible]/46

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1946

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.....By W Wilkinson

Licensed Embalmer No.....3575

P. O. Address.....

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 584

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Stanley Renkins
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 15 1908 (Month) (Day) (Year)
8. AGE: Years 37 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Wash (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute 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	Duration
Body found	
Due to on Highway May 5	
Due to 1946	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ADDITIONAL
SUPPLEMENTARY
INFORMATION
Of autopsy REQUESTED

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. M. Garvan (M. D. or other)
Address 601 Brentwood Blvd Date signed May

SUPPLEMENTARY

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

9711

10799