

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

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: Park Lane Memorial Hospital  
(d) Length of stay: In hospital or institution 3 mo. 7 da.  
In this community 29 years

3. (a) PRINT FULL NAME: RENA PHENIX  
3. (b) If veteran, name war: Nil  
3. (c) Social Security No: None  
4. Sex: F / race: W  
5. Color or race: W  
6. (a) Single, widowed, married, divorced: M  
6. (b) Name of husband or wife: Carl  
6. (c) Age of husband or wife if alive: 50 years  
7. Birth date of deceased: February 18, 1891

8. AGE: Years Months Days If less than one day  
56 8 28 hr.

9. Birthplace: Bonne Terre, Missouri

10. Usual occupation: house-wife

11. Industry or business: at home

MOTHER FATHER { 12. Name: John Thomas  
13. Birthplace: ? Missouri  
14. Maiden name: Russilla Daughery  
15. Birthplace: ? Missouri

16. (a) Informant: Carl Phenix  
(b) Address: 23 So. 16th Street

17. (a) burial (b) Date thereof: 11/19/47

(c) Place: burial or cremation: Bonne Terre, Missouri

18. (a) Signature of funeral director: A.W. McLaughlin  
(b) Address: 2501 Lafayette Avenue

19. (a) NOV 18 1947 (b) J. F. Brecken (c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County oae  
(c) City or town St. Louis  
(d) Street No. 23 So. 16th Street  
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 16th year 1947 hour 11:25 minute P. M.  
21. I hereby certify that I attended the deceased from August 11, 1947, to November 16, 1947, that I last saw her alive on November 16, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Other conditions: Due to Sterilized Hepatitis

Major findings: Of operations: Of autopsy: 12/21

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?  
(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  
Signature: J. F. Brecken (M.D. or other)  
Address: 4950 Lindell Blvd. Date signed 11/18/47

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**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..... *L R Cooper*.....

Licensed Embalmer No. *23633*.....

P. O. Address *2301 Lafayette Ave*.....

**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.**