No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28464

Primary Registration District No. 1005

Registrar's No. 7420

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: St. Johns Hospital O
(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

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

(d) Street No. 6029 Bartmer Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nettie Reno

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward G. Reno

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

7. Birth date of deceased February (Month) 7 (Day) 1881 (Year)

8. AGE: Years 67 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Cook Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Deniston

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

MOTHER 14. Maiden name Lavina Calloway

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Essie Nolen

(b) Address 1397 Granville Pl.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville, Ill.

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

(b) Address 4700 Washington Blvd.

19. (a) AUG 24 1948 (Date received local registrar) (b) J. F. Bradcak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1948 hour 12 minute 30 AM.

21. I hereby certify that I attended the deceased from July 15, 1948 to Aug 23, 1948 that I last saw her alive on Aug 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Hypertensive Cardio

Due to Vascular Renal Dis.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No chart

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?

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

23. Signature Paul J. Reis (M. D. or other)

Address Humboldt Bldg. Date signed 8-24-48

(Licensed Embalmer's Statement on Reverse Side)

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. 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.