

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17624

State File No. 4397

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY OR TOWN <b>ST LOUIS</b>		c. CITY OR TOWN <b>ST LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>25 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2663 a Lucas Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2663 A Lucas Ave.</b>			

3. NAME OF DECEASED (Type or Print) <b>HENRY</b>	a. (First)	b. (Middle)	c. (Last) <b>RENFROE</b>	4. DATE OF DEATH <b>May 14th, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 16th, 1878</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Simmons Steel Cast</b>	11. BIRTHPLACE (State or foreign country) <b>NEW MADRID MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HENRY RENFROE</b>	13b. MOTHER'S MAIDEN NAME <b>ROSIE MEDLAY</b>	14. NAME OF HUSBAND OR WIFE <b>Narciss Renfro</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Narciss Renfro</b>	ADDRESS <b>2663 a Lucas Ave.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic hepatitis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>121</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>592X</b>
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22. I hereby certify that I attended the deceased from **April 14, 1949**, to **May 14, 1949**, that I last saw the deceased alive on **May 14, 1949**, and that death occurred at **9 1/2** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. T. Adrich M.D.</b>	23b. ADDRESS <b>2607 1/2 Franklin St</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-20-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Co, Mo</b>
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DATE REC'D BY LOCAL REG. <b>MAY 17 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ellis Fun, Home 2820 Stoddard St</b>
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WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Frederic E. Cushman

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address Harris 13. M

**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.