

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12734**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9725**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD	
c. LENGTH OF STAY (In this place) 1 WEEK		d. STREET ADDRESS (If rural, give location) 3436 OXFORD	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) RENOVIZE c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) NOV. 14, 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 12 1885		9. AGE (In years last birthday) 65 <input type="checkbox"/> UNDER 1 YEAR Months <input type="checkbox"/> UNDER 1 YEAR Days <input type="checkbox"/> UNDER 1 YEAR Hours <input type="checkbox"/> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY SEARS-ROSBUCK		11. BIRTHPLACE (State or foreign country) CHICAGO ILL	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOHN HASEY		13b. MOTHER'S MAIDEN NAME MARY KEETING		14. NAME OF HUSBAND OR WIFE CHARLES L. RENOVIZE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES L. RENOVIZE - 3436 OXFORD	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural and subarachnoid hemorrhage Multiple fractures		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Married under stress by auto driven by one Stella Marx		
II. OTHER SIGNIFICANT CONDITIONS in front of about 2158 Mc Carroland Ave about			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5:30 pm Nov 7 1950 Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUBJECT TO MURDER OR HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 63124	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 7 50 5:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ovo 25	

22. I hereby certify that I attended the deceased from **3**, 19**50**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **5:00 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11.16.50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV. 17, 1950	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 11-16-50 J. B. Parates		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. J. ... 7146 Manchester			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. Allen Davis Jr.

Licensed Embalmer No. 4053

Signed.....
Student Embalmer

P. O. Address _____

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.