

FILED MAR 29 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 2572

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2572</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (In this place) <b>16</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN - <b>St. Louis,</b>		<b>2169</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pronounced dead at City Hospital,</b>				d. STREET ADDRESS (If rural, give location) <b>3408 Miami St.,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Renner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 16, 1951</b>	
5. SEX <b>Male.</b>		6. COLOR OR RACE <b>Whiter</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed,</b>		8. DATE OF BIRTH <b>June 6, 1879</b>	
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Caretaker, Park Dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of St. Louis</b>		11. BIRTHPLACE (State or foreign country) <b>Switzerland,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wink</b>		13b. MOTHER'S MAIDEN NAME <b>Wink</b>		14. NAME OF HUSBAND OR WIFE <b>Louise Renner, (deceased).</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert J. Renner, 4749 Easton Ave.,</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Tumor of Myocardium</b> <b>Atherosclerosis</b> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>238X</b>			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:55</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Patrol E. Taylor</b> (Degree or title)				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>3.19.51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>		24b. DATE <b>3/20/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri,</b>	
DATE RECD. BY LOCAL REG. <b>19 1951</b>		REGISTRAR'S SIGNATURE <b>J B Renner</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St.,</b> <b>St. Louis, 18, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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X

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed Joe D. Benz

Signed.....  
Student Embalmer

Licensed Embalmer No. 4219

2842 Meramec St.,

P. O. Address St. Louis, 18, 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.