S. No. 300
v. 10148

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19044

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2108

2000
1

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eureka
c. LENGTH OF STAY (in this place) Years +
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) — —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eureka 4000
d. STREET ADDRESS (If rural, give location) Rural — 0

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Arthur c. (Last) Renneberg

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1951

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH June 3, 1888
9. AGE (In years last birthday) 62 | 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm Labor
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Renneberg
13b. MOTHER'S MAIDEN NAME Clara Dewitt
14. NAME OF HUSBAND OR WIFE — —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. ?
17. INFORMANT'S SIGNATURE OR NAME Stella Schwarz, Sylvia, Tenn. **ADDRESS**

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) Acute Cardiac Decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 420.1
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* May 6, 1951, *that I last saw the deceased alive on* May 4, 1951, *and that death occurred at* 8:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. L. Toss MD
23b. ADDRESS Washington Mo
23c. DATE SIGNED 5/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 9, 1951
24c. NAME OF CEMETERY OR CREMATORY Allen's Cemetery
24d. LOCATION (City, town, or county) (State) Allenton, Mo.

DATE REC'D BY LOCAL REG. 5-8-51
REGISTRAR'S SIGNATURE Herbert R. Dank MD
25. FUNERAL DIRECTOR'S SIGNATURE Jno. L. Thiebes **ADDRESS** Pacific, Mo

(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 ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jno. L. Fischer

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.