

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23740

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 236

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montg.</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown, Purz Prairie Twp</u> | |
| c. LENGTH OF STAY (In this place) <u>6 da</u> | | d. STREET ADDRESS (If rural, give location) <u>0700</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>Virginia</u> b. (Middle) <u>Erika</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1951</u> | |
| (Type or Print) | | <u>Rentfro Berger</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W-Amer</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 27 1884</u> |
| 9. AGE (In years last birthday) <u>66 9/4</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Middletown Mo</u> |
| 10a. | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Samuel Berger</u> | 13b. MOTHER'S MAIDEN NAME <u>Effie White</u> | 14. NAME OF HUSBAND OR WIFE <u>John A. Rentfro</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>M.W. Berger</u> ADDRESS <u>Wellsville, Mo</u> |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> | | | <u>6 mths</u> |
| | DUE TO (c) <u>Hypertensive arteriosclerotic heart disease</u> | | | <u>10 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from July 7, 1951 to July 14, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

| | | |
|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Ervin Shreve MD</u> (Degree or title) | 23b. ADDRESS <u>Wardalea Mo</u> | 23c. DATE SIGNED <u>9/15/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | 24b. DATE <u>July 16 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount</u> | 24d. LOCATION (City, town, or county) (State) <u>Middletown Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>7-20-51</u> | REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ab. Pritchett</u> ADDRESS <u>Middletown Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6644
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RECEIVED JUL 20 1951
MARION CO. HEALTH DEPT.
DATE FILED JUL 21 1951

AND
7

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 John M. Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green

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.