

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **35530**  
Registrar's No. **9402**

No. 300  
10.48 FILED NOV 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1005**

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                               |  |
| c. LENGTH OF STAY (In this place)<br><b>20 yrs.</b>  |  | d. STREET ADDRESS (If rural, give location)<br><b>4770 Highland Ave.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>4770 Highland Ave.</b>                             |  |  |  |

|                                     |                         |                      |                          |   |
|-------------------------------------|-------------------------|----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>MAUDE</b> | b. (Middle) <b>M</b> | c. (Last) <b>RENAULT</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Oct. 22, 1951</b> |
|-------------------------------------|-------------------------|----------------------|--------------------------|---|

|                         |                                  |  |                                       |  |  |  |
|-------------------------|----------------------------------|--|---------------------------------------|--|--|--|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>11-11-1887</b> | 9. AGE (In years last birthday)<br><b>63</b> | IF UNDER 1 YEAR<br>Months <b>11</b> Days <b>11</b> | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
|-------------------------|----------------------------------|--|---------------------------------------|--|--|--|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br><b>Virginia</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
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|---|---|--|
| 13a. FATHER'S NAME<br><b>John Moore</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Dolly Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>John Renault</b> |
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|   |                         |  |
|---|-------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Edward Baxter, 4211 Westminster Pl. St. Louis, Mo.</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial infarction</b>   |  | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Atherosclerosis</b> |  |   |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>4560</b> | 20. AUTOPSY?<br>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) (Min.) | 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 1945, to Oct. 22, 1951, that I last saw the deceased alive on Oct 22, 1951, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

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|---|---|-------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>Ac. Maller, M.D.</b> | 23b. ADDRESS<br><b>University Club Bldg</b> | 23c. DATE SIGNED<br><b>10/24/51</b> |
|---|---|-------------------------------------|

|  |                                |  |  |
|--|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>10-25-1951</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b> |
|--|--------------------------------|--|--|

|  |   |   |
|--|---|---|
| DATE RECD BY LOCAL REG.<br><b>10/24/51</b> | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>JAY B. SMITH, 7150 Manchester Ave. Maplewood 17, Mo.</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.

Student .....  
Student Embalmer

Signed J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.