

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030852

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2176 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 25 1963

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON BARRACKS		Length of stay in 1b 213 DAYS	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3854 LOUISIANA
3. NAME OF DECEASED (Type or print) First HENRY Middle J. Last RENZ, Sr.		4. DATE OF DEATH Month JULY Day 1 Year 1963	

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-7-94	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BAKER		10b. KIND OF BUSINESS OR INDUSTRY BAKERY	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.			

13a. FATHER'S NAME JOHN J. RENZ		13b. MOTHER'S MAIDEN NAME CATHRINE MUEGNH		14. NAME OF HUSBAND OR WIFE SELMA RENZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO.		17. INFORMANT Address SELMA RENZ (WIFE) 3854 LOUISIANA ST. LOUIS, MISSOURI	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INSUFFICIENCY		24 HRS
DUE TO (b) BRONCHIAL PNEUMONIA, LEFT		3 DAYS
DUE TO (c) 491X		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROSIS, GENERAL, PARALYSIS AGITANS		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
--	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) V.A.	20f. CITY, TOWN, OR LOCATION JEFFERSON BARRACKS, MO.	COUNTY	STATE
21. I attended the deceased from 11-30-62 to 7-1-63 Death occurred at 7:50PM m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Earl M. Schellhouse M.D.		22b. ADDRESS VET ADM HOSP, JEFF BRKS, 25, MO.		22c. DATE SIGNED 7-1-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/5/63	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION	23d. LOCATION (City, town, or county) ST. LOUIS - CO MO	
24. FUNERAL DIRECTOR SCHUMACHER # 3013 MERRAMEC		25. DATE RECD. BY LOCAL REG. 7-3-63	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 ITEM NO. SHOULD READ INSTEAD OF DOCUMENT
 BY AFFIDAVIT OF

VS 300	
Rev. 4/59	
1 4000	DATE AMENDED
2 2/6	
3	
4 0	
5 1	
6	
7 0	
8 2	
9 491X	
10	
11	
12 48-0	
13	
48	

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Signature of Student Embalmer

Signed _____

Jack Haupt

Licensed Embalmer No. 4776

P. O. Address St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.