

FEB 20 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

398

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. 1027
Township 13 Primary Registration District No. 2009 Registered No. _____
City St. Francis Hospital (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth Renne

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. C. F. Renne

17. I HEREBY CERTIFY That I attended deceased from Dec. 23, 1927, to Jan. 26, 1928
that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at 7:15 P m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 - 1863

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 44 4 12

Diabetic Gangrene
L. Foot
29 (duration) yrs. 1 mos. 14 ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) OPERATION
(duration) yrs. _____ mos. 3 da.

9. BIRTHPLACE (CITY OR TOWN) Friedheim
(STATE OR COUNTRY) Mo. Mo

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

10. NAME OF FATHER George Kestus

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/23/28
WAS THERE AN AUTOPSY? NO

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Friedheim
(STATE OR COUNTRY) Mo. Mo

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Atkinson M. D.

12. MAIDEN NAME OF MOTHER Helen Birbinger

, 19 (Address) Rose Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT W. C. F. Renne
(Address) Gardouville 124 R.F. #1

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gardouville DATE OF BURIAL Jan 29 1928

15. FILED 1-28 1928 W. C. Haun REGISTRAR

20. UNDERTAKER Loring F & C ADDRESS Cape Gir. Mo

Exact statement of OCCUPATION is very important.

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