

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

Do not use this space.

26506

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1008
 City..... (No. 5422) Grace Ave. St. _____ Ward _____

File No. _____
 Registered No. 7772

2. FULL NAME

Frank J. Fendler
 (a) Residence. No. 5422 Grace Ave. St. _____ 15 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Phillippina Fendler.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 2 1861</u>		
7. AGE <u>68.</u>	YEARS <u>3</u>	MONTHS <u>23</u>
		DAYS <u>23</u>
		IF LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Carpenter.</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July. 25 19 29

17. I HEREBY CERTIFY That I attended deceased from Nov. 19 1928, to July. 25, 19 29 that I last saw him alive on July 22, 1929, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Esophagus and mouth
U.S.A.
450
 (duration) ____ yrs. ____ mos. ____ da.

CONTRIBUTORY (SECONDARY) U.S.A.
 (duration) ____ yrs. ____ mos. ____ da.

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co.
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Peter Fendler.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

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

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) P. Van Doefen M. D.
7/27, 19 29 (Address) 8313 Halls Ferry Rd

*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 John P. Fendler.
 (Address) 5619 Locette

15. FILED 27 1929 Max C. Stanley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olive Cem. DATE OF BURIAL July. 29 19 29

20. UNDERTAKER Jos. P. Fendler Jr. ADDRESS 7128 Michigan

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10-1-29
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