

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

Do not use this space.

14129

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3611 Palm St. 10 Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day. hrs. min.
61 3 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

13. NAME Herdinand Rendelman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

15. MAIDEN NAME Ely. Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stenton, Mo.

17. INFORMANT (ADDRESS) Hospital Information Dept. City Hospital

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Calvary DATE April 9th 1932

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly 2444

20. FILED _____ 1932 _____ Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5th 1932 to April 6th 1932

I last saw him/her alive on April 6th 1932 Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
932
10th H 932
Date of onset _____

Other contributory causes of importance: Chl. myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. M. Macmillan, M. D.

(Address) City Hospital

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.

RECORD

