

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. WRITE PLAINLY, WITH OMPACTING INFORMATION.

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

Do not use this space.

JUN 6 1936

21115

1. PLACE OF DEATH

County.....
Township.....
City, St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. City Hospital)

File No.....
Registered No. **5322**
St. Ward)

2. FULL NAME

(a) Residence, No. 4219 Neesho 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Elfrida Fendler.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 12 - 1890</u>				
7. AGE	YEARS <u>46</u>	MONTHS <u>2</u>	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plumber</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
	13. NAME <u>Frank G Fendler</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
FATHER	15. MAIDEN NAME <u>Philippine Koehler</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Elfrida Fendler</u> <u>1319 Morganfield St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>5-20-36</u>				
19. UNDERTAKER (ADDRESS) <u>Deary & Hoffmeister</u> <u>4016 Chesapeake</u>				
20. FILED MAY 19 1936 <u>J. P. Brebeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-9 1936 to 5-18 1936
I last saw him alive on 5-18 1936 Death is said to have occurred on the date stated above, at 1245 a.m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis of liver (hepatic) Date of onset 1245 a.m.

Other contributory causes of importance:
Jauddice
Jaundice
Splenomegaly
Name of operating physician Michael's Doctor Date of operation.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Roy Greenbaum M. D.
(Address) City Hosp

