

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

Do not use this space.

AUG 18 1936

28709

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **St. Anthonys Hospital**)

File No.....

Registered No. **7475**

St. .... Ward)

**2. FULL NAME Elizabeth Fend**

(a) Residence, No. **3144a Cherokee** St., **16** 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July-15th.**, 19**36**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Fend**

22. I HEREBY CERTIFY That I attended deceased from **May 10<sup>th</sup>**, 19**33**, to **July 15<sup>th</sup>**, 19**36**  
 I last saw **her** alive on **July 15<sup>th</sup>**, 19**36** Death is said to have occurred on the date stated above, at **9 A.M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March, 29 - 1869**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**67** **3** **16**

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At Home**

**Aortic Stenosis - 3 yrs.**

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.

Other contributory causes of importance:

**Chronic Interstitial nephritis 4 yrs.**

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

13. NAME **Unk. Poss**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **No.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

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

17. INFORMANT **Edward Fend**  
 (ADDRESS) **3144a Cherokee St.**

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old St. Marcus** DATE **July-18-**, 19**36**

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

19. UNDERTAKER **Wagner Helderle**  
 (ADDRESS) **2331 S. roadway**

24. Was disease or injury in any way related to occupation of deceased? **No.**  
 If so, specify **Albert D. Smith**, M. D.  
 (Signed) \_\_\_\_\_ (Address) **3548-S. Grand Ave.**

20. FILED **JUL 17 1936** **J. P. Bredeck** Registrar.

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.

