

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis, Mo.** (City Infirmary)

File No. **10050**

Registered No. **3950**

St. Ward)

2. FULL NAME **Fred Rendelman**

(a) Residence, No. **City Infirmary** St.

(Usual place of abode)

5800 Arsenal St.

13 Ward.

(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 9, 1868.**

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|-------------|-----------|----------|----------|--|
| 1868 | 68 | 8 | 2 | |

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **X**

10. Date deceased last worked at this occupation (month and year) **X** 11. Total time (years) spent in this occupation **X**

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

13. NAME **Ferdinand Rendelman.**

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

15. MAIDEN NAME **Unknown ?**

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

17. INFORMANT **E. Molony.** (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Crematory** DATE **4/17/37** 19.

19. UNDERTAKER **J. Ryan** (ADDRESS) **City Infirmary**

20. FILED **APR 14 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 10, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **August 6, 1936**, to **April 10, 1937**

I last saw him alive on **April 10, 1937** Death is said to have occurred on the date stated above, at **4:00** m. **P.M.**

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

BRONCHO PNEUMONIA

Date of onset

Other contributory causes of importance:

ANGINA PECTORIS

Name of operation Date of

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) **J. Ryan** M. D.

(Address) **5600 Arsenal**

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.

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