

REC'D FEB 10 1939

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

974
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital # 1** St.
(If death occurred in hospital or institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **40** yrs. mos. ds.

Registered No. **974**

2. PRINT FULL NAME

534 **ANDREAS MENDEL**
(a) Residence, No. **2228 rear Benton St.** St. **20** (If non-resident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov, 14 1860**

7. AGE YEARS **78** MONTHS **2** DAYS **13** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **CARPENTER**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **RUSSIA**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT **Phil H Mueller**
(ADDRESS) **4243a Red Bud Ave St. Louis Mo.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cemetery** DATE **January 31 1939**19. FUNERAL DIRECTOR **MULLEN BROS**
(ADDRESS) **4259 Lindell Blvd St. Louis Mo.**20. FILED **JAN 31 1939**
J. F. Brueck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-27-1939** 1922. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **9:00 P.M.**

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

Lobar Pneumonia.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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..... **see above**

Nature of injury.....

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

If so, specify.....

(Signed) **Alfred Perry M.D.**(Address) **4243a Red Bud Ave St. Louis Mo.**

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.

STATEMENT BY LICENSED EMBALMER

I, JOHN KELTER, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed John Kelter

Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)