

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27068
Registrar's No. 6964

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County. Missouri
(b) City or town. St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 17 Days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Nathaniel Fendley 534

3. (b) If veteran, name war. _____ 3. (c) Social Security No. 1

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 6th 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 10 9 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Edward F. Findley
13. Birthplace Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Jones
15. Birthplace East St. Louis Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss L. Edwards
(b) Address 1100 Morrison Av.

17. (a) Burial (b) Date thereof Aug. 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Chas. G. Bull
(b) Address 445 5th Washington

19. (a) AUG 17 1940 (b) J.P. Brooks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1509 So. 9th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th,
year 1940 hour 5:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from July
28th, 1940 to August 14, 1940,
that I last saw him alive on August 14th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated heart disease on rheumatic basis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy acute rheumatic endocarditis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R.J. Maxwell (M. D. or other)
Address 1515 Lafayette Date signed 8/15/40

Duration
Physician
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

John Ketter

Licensed Embalmer No.

3880

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.