

ED MAY 6 1943

Registration District No. 217

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Maplewood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Maplewood Nursing Home 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
 years, months or days)

3. (a) PRINT FULL NAME Adolph G. Stender

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased Nov. 27th 1862
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>9</u>	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Frederick W. Stender

13. Birthplace Denmark 4
 (City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Moore

15. Birthplace Denmark 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Erma Vandegrift

(b) Address 5528 Rosa Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-8-43
 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 6 1943 (Date received local registrar) (b) C. J. McLeary, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5528 Rosa Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
 year 1943 hour 11:30 minute _____ P.M. M.

21. I hereby certify that I attended the deceased from Jan 18 1943 to Apr 5th 1943
 that I last saw her alive on 3/27 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1943

Due to Senility

Due to _____

Other conditions Sen. Arterio Sclerosis 1943
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 9/2/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

23. Signature Robert J. Smith (Specify type of place) _____ (M. D. or other) _____
 Address 5205 S. Chippewa Date signed 4/6/43

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

96
35
3

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 *Reinhold H. Schmitt*

Licensed Embalmer No. *3395*

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, fact should be so stated above.