

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 10347

FILED DEC 3 1943
Registration District No. 318

Primary Registration District No. 1003

794

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1008 SOUTH EIGHTH STREET
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HERMAN AUGUST MENDEL

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

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

7. Birth date of deceased SEPTEMBER 7, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

42	<u>2</u>	<u>2</u>	17	hr. _____ min.
----	----------	----------	----	----------------

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation ATTENDANT-PARKING LOT

11. Industry or business _____

MOTHER FATHER { 12. Name AUGUST MENDEL

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

14. Maiden name ADA WILLIAMS
(State or foreign country)

15. Birthplace JEFFERSON COUNTY, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Mendel

(b) Address 5234 Chestnut Street

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS CEMETERY

18. (a) Signature of funeral director J. F. Brubaker

(b) Address 2301 LAFAYETTE AVENUE

19. (a) NOV 26 1943 (Date received local registrar) J. F. Brubaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day November
year 1943 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema, right.

Due to _____

Due to 110

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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 Thomas P. Callan (M. D. or other) _____
Address County, Corona Date signed 11-26-43

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 *D. Cooper*.....

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.