

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9305
2765
Registrar's No.

FILED APR 13 1948
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: residence-5321 Delmar Bly'd.,
(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 000
(c) City or town St. Louis 12
(d) Street No. 5321 Delmar Bly'd., 912
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES H. NAMENDORF

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, widowed

6. (b) Name of husband or wife Minnie Glaser Namendorf alive years
6. (c) Age of husband or wife if

7. Birth date of deceased October 21 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation retired president

11. Industry or business Namendorf Umbrella Co.

12. Name unknown Namendorf

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

14. Maiden name unknown

15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant C. A. Herbig

(b) Address 5816 Waterman Ave., St. Louis

17. (a) burial (b) Date thereof 3-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd., St. Louis

19. (a) MAR 23 1948 (b) J. T. Budnick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1944 hour 5:45 minute A.M.

21. I hereby certify that I attended the deceased from 10-23 1939 to 3-21 1944
that I last saw him alive on March 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Congestive Heart Failure 3 MO
Due to Myocardial Infarction (old) 5 yrs?
Due to Coronary Insufficiency, Sclerosis ?
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature E. Lee Shrader (M. D. or other)
Address 3720 Washington Date signed 3/21/44

Dr. Lee E. Shreder
3720 Washington Blvd.,
NE-6147
1-3 P.M.

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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

Bradford A. Miles

Licensed Embalmer No.

2901

P. O. Address

University City

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.