

Sub. No. 2
M-5-43
v. 5-17-39
I X36671

Registration District No. **194318**

Primary Registration District No. **1003**

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: no
3920 e Grand
(If not in hospital or institution, write street number or location)

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

In this community 109 No
years, months or days)

3. (a) PRINT FULL NAME Gertrude Brendel

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased..... Sept 11 1864
(Month) (Day) (Year)

8/ AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>3</u>	<u>4</u>	hr. min.

9. Birthplace Rich Fountain Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER

12. Name Jahn Reichel

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

14. Maiden name Unknown

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

16. (a) Informant Henri Brandel

(b) Address 3920 e Grand

17. (a) Removal (b) Date thereof 12-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Mo

18. (a) Signature of funeral director Birmingham Funeral Home

(b) Address Vienna Mo

19. (a) DEC 26 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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. 3920 e No Grand
(If rural, give location)

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 22
year 1944 hour..... minute..... PM

21. I hereby certify that I attended the deceased from 12/18/44
1944, to 12/22 1944

that I last saw her alive on 12/21 and that death occurred on the date and hour stated above.

Immediate cause of death Scarlatine Gangrene

Due to Diabetes Mellitus

Due to.....

Other conditions Sen. Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 61

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?.....

(Specify type of place) While at work?..... (e) Means of injury 0

23. Signature Samuel Wajz (M. D. or other)
Address 2906 No Union Date signed.....

11008

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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

John Ketter

Licensed Embalmer No. 3880

P. O. Address Athens, Mo.

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.