

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

FILED FEB 24 1945
Registration District No. **377**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
215 Union Road
(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

3. (a) PRINT FULL NAME Frank Fendler Sr.
3. (b) If veteran, Bo name war _____
3. (c) Social Security None No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Anna Marie Fendler
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 10 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Self

MOTHER FATHER

12. Name Franz Fendler

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

14. Maiden name Barbara Unknown

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

16. (a) Informant Frank Fendler Jr
(b) Address 215 Union Rd Lemay, Mo.

17. (a) Burial Burial (b) Date thereof Feb. 19, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co
(b) Address 2781 U.S. Broadway

19. (a) FEB 19 1945 (b) C. G. M. Gannon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Lemay
215 Union
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 15
year 1945 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 6 1944 to Feb 15 1945
that I last saw him alive on Feb 15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arteriosclerosis
Duration _____

Due to Chronic Sclerotic myocarditis

Due to Coronary Embolism

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

Major findings:
Of operations 938
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? _____

23. Signature Adam G. Youngman (M. D. or other) _____
While at work? _____ (Specify type of place) (e) Means of injury _____

Address 5439 1/2 S. Alton Date signed 2/16/45

Dr. Youngmann
5438 E. Adams
8-9 AM/1-3

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

Louis C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address

7814 S Broadway

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.