

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38952

FILED DEC 28 1945
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State File No. _____

Registrar's No. 11030

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME CLARA BRENDLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-03-6937

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased August 14 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>3</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Forelady Curlee Clothing Co

11. Industry or business _____

12. Name Frank E Brendle

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

14. Maiden name Clara Guellering

15. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mastered W Voepel

(b) Address 2912 Ridgewood Drive

17. (a) Burial (b) Date thereof Dec 18 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Beiderwieden F H Inc
(b) Address 1936 St Louis Avenue

19. (a) DEC 18 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Louis Bel Nor
(If outside city or town limits, write "RURAL")

(d) Street No. 2912 Ridgeview Drive
(If rural, give location) N.R.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1945 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 11 to Dec 15, 1945
that I last saw her alive on Dec 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy Chronic mediastinitis
Pneumonia

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 7
Signature J. F. Bredeck (M. D. or other) MD
Address St Louis Mo Date signed 12/18/45

Duration
3 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Glen E. Hat*.....

Licensed Embalmer No. *3737*.....

P. O. Address *1936 St. Louis Ave*.....

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.