S. No. 2
M—2-43
. 5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31325

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1818

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Hts (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital 0 (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 St. Louis 96

(c) City or town Jennings, Missouri 0 (If outside city or town limits, write "RURAL")

(d) Street No. 5626 Gatesworth Avenue 0 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Paul M. Stendhal

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race W.

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

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased August 17th. 1896 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	0	14	hr. min.

9. Birthplace Marseilles (City, town, or county) France 5 (State or foreign country)

10. Usual occupation RealEstate

11. Industry or business Realty Co.

FATHER
12. Name Maurice Stendhal
13. Birthplace France (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Marie Stendhal

(b) Address 5626 Gatesworth Avenue

17. (a) ~~Cremation~~ Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4-46 (Month) (Day) (Year)

(c) Place: burial or cremation ~~Valhalla~~ Calvary Crenatory

18. (a) Signature of funeral director Provost Mortuary

(b) Address 3710 N. Grand Avenue

19. (a) 9-3-46 (Date received local registrar) (b) Ruth I. Allen M.D. (Registrar's signature) MSW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd year 1946 hour 7:30 minute a. M.

21. I hereby certify that I attended the deceased from Aug. 15th 1946 to Sept. 2nd 1946 that I last saw him alive on Sept. 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart Failure	4 wks.
Due to Coronary Occlusion.	6 wks.
Due to	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature D. B. Lawson (M. D. or other) MD

Address 401 Humboldt Bldg. Date signed 9/3/46

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.