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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28331**

FILED SEP 10 1947

Registration District No. 10 1247

Primary Registration District No. 4318

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Maries

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

(c) Name of hospital or institution: 12
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5944 Highland Ave. 9
(If rural, give location) 1

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

3. (a) PRINT FULL NAME Willard Walter Brendel

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-03-6750

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Brendel

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased July 6 1917
(Month) (Day) (Year)

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration _____

8. AGE: Years 30 Months 1 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name Otto Brendel

{ 13. Birthplace Smithton, Ill.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Martie Culton

{ 15. Birthplace Warrenton, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Brendel

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 9-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director McBumgham

(b) Address Vienna, Mo.

19. (a) 9-3-47 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

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) accidental drowning.

(b) Date of occurrence September 1st, 1947 65

(c) Where did injury occur? near Vienna, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in Gasconade River 2 miles east of Vienna.
(Specify type of place)

While at work? _____ (e) Means of injury drowning

23. Signature Pauline Howard (M. D. or other) acting coroner
Address Vienna, Mo. Date signed 9/3/47

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

SEP 19 1947

Date Filed 9-9-47

District File Number

District Health Officer No. 9

OCT 28 1947

RECEIVED

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 *W. P. Birmingham*

Licensed Embalmer No. 3664

P. O. Address *Chicago, Ill.*

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.