

FILED FEB 17 1948

Registration District No. **77**

Primary Registration District No. **3016**

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 4 days
years, months or days)

3. (a) PRINT FULL NAME Leo Henry Brendel

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 16th 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 7 15 hr. min.

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

10. Usual occupation High School Student

11. Industry or business.....

12. Name Henry Brendel

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

14. Maiden name Agnes Bauer

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

16. (a) Informant Henry Brendel

(b) Address Freeburg Mo

17. (a) Burial (b) Date thereof Feb-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeburg Mo

18. (a) Signature of funeral director Lloyd Martin

(b) Address Linn Mo

19. (a) 1-31-48 (b) R. P. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage **76**
(c) City or town Freeburg Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R.D.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30
year 1948 hour..... minute 42 M.

21. I hereby certify that I attended the deceased from July 1, 1947 to 1-30, 1948
that I last saw him alive on 1-30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Due to Arteriosclerotic heart disease **6 mos**

Due to Arteriosclerosis

Other conditions Arteriosclerotic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **AS**

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? 0
(Specify type of place)

While at work?..... (c) Means of injury.....
23. Signature M. R. Aldridge (M. D. or other) **MD**
Address Freeburg Mo Date signed 1/24/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2/16/48

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 Vernon M. Mosler
Licensed Embalmer No. 4125
P. O. Address Levin, 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.