No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34981

Primary Registration District No. 3069

Registrar's No. 2315

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1129 Francis Place /
(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 46

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 1129 Francis Place
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Delbert A. Mendel

3. (b) If veteran, name war None

3. (c) Social Security No. 493-09-8373

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

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

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

7. Birth date of deceased March (Month) 2 (Day) 1911 (Year)

8. AGE: Years 37 | Months 7 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Electircal Engineer

11. Industry or business Wagner Electric Co.

FATHER
12. Name Charles G. Mendel
13. Birthplace ..... (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Amelia A. Mueren
15. Birthplace ..... (City, town, or county) N.Y. / (State or foreign country)

16. (a) Informant Bess M. Hutchcraft
(b) Address 1129 Francis Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) 10-7-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1948 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from Oct 6, 1948
....., 19...., to ....., 19....;
that I last saw him alive on Oct 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	2-3 years
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy not performed	

13 b

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 .....

23. Signature Robert C. Kingsland (M. D. or other) M.D.
Address 31 N. Brentwood, St Louis 5, Mo Date signed 10-7-48

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1949

Dr. Kingsland
31 N. Brentwood
3-5

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 Albert Mayfield

Licensed Embalmer No. 3077

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.