

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3073
State File No.
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0685.

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 0685. | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | | c. LENGTH OF STAY (In place) DOA | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | | 2019 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital | | | | d. STREET ADDRESS (If rural, give location) 7420 Michigan Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Theodore | | | b. (Middle) F. | | c. (Last) Fendler | | 4. DATE OF DEATH (Month) (Day) (Year) January 19, 1953 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 18, 1894 | | 9. AGE (In years last birthday) 58 | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 100 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work or business or profession, if retired) Undertaker | | 10b. KIND OF BUSINESS OR INDUSTRY Fendler Und.Co. | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Joseph Fendler, Sr. | | 13b. MOTHER'S MAIDEN NAME Kranziska Diel | | 14. NAME OF HUSBAND OR WIFE Florence Fendler | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Fendler, 7420 Michigan Ave | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Myocarditis DUE TO (c) Obesity II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs 5 yrs 15 yrs | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4201 | | | |
| 22. I hereby certify that I attended the deceased from Oct 14, 1952 to Jan 19, 1953 , that I last saw the deceased alive on Jan 19, 1953 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Witchell L. Barthel M.D. | | | | 23b. ADDRESS 7629 So. Broadway | | 23c. DATE SIGNED 1/20/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/22/53 | 24c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery | | 24d. LOCATION (City, town, or county) (State) Mattese, Mo. | | |
| DATE REC'D BY LOCAL REG. JAN 21 1953 | | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und.Co, 7420 Michigan Ave. | | | |

G.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed VE Morris

Licensed Embalmer No. # 3360

P. O. Address St Louis 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.