

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37172

S. No. 300
V. 10.48

FILED OCT 30 1953

State File No. _____
Registrar's No. **10105**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 10105					
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, Mo.		c. LENGTH OF STAY (In this place) 16 yrs.		c. CITY OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION 7420 Michigan Ave.				e. STREET ADDRESS (If rural, give location) 7420 Michigan Ave.									
3. NAME OF DECEASED (Type or Print) a. (First) Florence			b. (Middle) _____			c. (Last) Fendler			4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 27, 1895		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Undertaker				10b. KIND OF BUSINESS OR INDUSTRY Funeral Business				11. BIRTHPLACE (City and State or Foreign Country) Europe		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Julius Meyers Sr.				13b. MOTHER'S MAIDEN NAME Johanna Hare				14. NAME OF HUSBAND OR WIFE (Deceased)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 494244100		17. INFORMANT'S SIGNATURE OR NAME Oliver E. Fendler, 7420 Michigan Ave.						ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma uterus with metastases to rectum and bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Terminal pneumonia Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION squamous carcinoma of uterus.								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? 174X									
22. I hereby certify that I attended the deceased from May 30th, 1953 , to 10-21 , 19 53 , that I last saw the deceased alive on 10-18 , 19 53 , and that death occurred at 4:15 P.M. from the causes and on the date stated above.													
23a. SIGNATURE Joseph E. Don Kaerel, M.D.						23b. ADDRESS 634 N. Grand Blvd.				23c. DATE SIGNED 10/22/53			
24a. BURIAL / CREMATION (Specify)		24b. DATE Oct. 26, 53		24c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery		24d. LOCATION (City, town, or county) (State) Mattese, Mo.							
DATE REC'D BY LOCAL REG. OCT 23 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und, Co. 7420 Michigan Ave.							

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.....
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Michigan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.