Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020463
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1397

1. PLACE OF DEATH
a. COUNTY St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ladue — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9551 Litizinger Road — Length of stay in 1b YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ladue — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 9551 Litzinger Road — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Louise Middle C Last Brendell

4. DATE OF DEATH Month May Day 23 Year 1958

5. SEX Femele
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 7/3/61
9. AGE (In years last birthday) 96 — IF UNDER 1 YEAR: Months 10 Days — IF UNDER 24 HRS.: Hours 20 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Christian F. Heidemann
13b. MOTHER'S MAIDEN NAME Louise C. Kruse
14. NAME OF HUSBAND OR WIFE John C. Brendell

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. None
17. INFORMANT Mrs Chas Mc Intyre Address 9551 Litzinger Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute coronary occlusion	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral vascular accident	3 days
DUE TO (c)	Arteriosclerotic cerebrovascular disease	15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 17 May 1958, to 23 May 1958 and last saw her/him alive on 22 May 1958
Death occurred at 9:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Reynolds A. Anderson (Degree or title) M.D.
22b. ADDRESS 1695 BRENTWOOD BLVD, BRENTWOOD, MO.
22c. DATE SIGNED 5.24.58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE MAY 26 1958
23c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE
23d. LOCATION (City, town, or county) St. Louis (State) MISSOURI

24. FUNERAL DIRECTOR Frohwitter-Miller ADDRESS High Ridge, Mo.
25. DATE RECD. BY LOCAL REG. 4-24-58
26. REGISTRAR'S SIGNATURE Herbert R. Wenke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr Reynolds L. Iverson
1695 Brentwood Blvd.

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 Neville D. Frohwitter

Licensed Embalmer No. 3696

P. O. Address High Ridge,

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.