

MAY 31 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123 File No. 17636
Township Carondelet Primary Registration District No. 6248G Registered No. 163
City afftown (No. Heege Rd. & Vermont Ave., 9 St. 7 Ward)

2. FULL NAME John P. Fendler

(a) Residence, No. 5615 Lisette St. 7 Ward. 7
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ottilia Fendler

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1886

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 2 0

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Contractor

Gun shot wound of head (Verdict Open) 4/10/37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

13. NAME Frank Fendler

Name of operation None Date of _____

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

What test confirmed diagnosis? Physical Was there an autopsy? No.

15. MAIDEN NAME Phillipina Koehler

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

Accident, suicide, or homicide? Don't know Date of injury Apr. 10 1937

17. INFORMANT Mrs. Ottilia Fendler (ADDRESS) 5615 Lisette

Where did injury occur? afftown Mo. (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE 4-13-37

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER Oscar J. Hoffmeister (ADDRESS) 4016 Chippewa Str.,

Manner of injury Don't know (Verdict Open)

20. FILED April 12 1937 J. Mowrey Registrar.

Nature of injury Gun shot wound of head24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) John D. Connell M. D.(Address) Carver, St. Louis Co.

Exact statement of OCCUPATION is very important. Do not use this space.

APR 15 1964