

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louise B Brendle 653

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Harry J Brendle
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased November 4 1882
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace St Jacob Ill
(City, town, or county) (State or foreign country)10. Usual occupation Household Duties 7

11. Industry or business _____

12. Name Jacob Hug Switzerland13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name Louise Unknown Unknown15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Harry J Brendle(b) Address 1930a Sidney St17. (a) Burial (b) Date thereof June 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Bethlehem Cemetery18. (a) Signature of funeral director Beiderwieden Funl Home(b) Address 1936 St Louis Ave19. (a) JUN 24 1940 J. F. Bredeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1930a Sidney St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1940 hour 10:15 minute P M.21. I hereby certify that I attended the deceased from 6/21/40
_____, 19____, to 6/21, 1940
that I last saw her alive on 6/21, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Common duet
Obstruction Duration 3 weeksDue to acute Hepatitis 3rd week
(Exacerbation)Due to Chronic Hepatitis 1 yearOther conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: none

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature William K. Broder (M. D. or other) MD
Address 1225 Sidney Date signed 6/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

79 JUL 1940

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..... *Robert J. Krupin*.....
Licensed Embalmer No..... *3497*.....
P. O. Address..... *1936 St. Louis*.....

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, above space should be left blank.