

Registration District No. **791** 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:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether
In this community 18 Years
years, months or days)

3. (a) PRINT FULL NAME John Edward Brendel **653**
8. (b) If veteran, name war None 8. (c) Social Security No. 493-05-7885
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Glenna Brendel 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased May 9, 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 2 17 hr. min.

9. Birthplace Holstien Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business Garage
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Glenna Brendel
(b) Address 1909 A Coleman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1940
(Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Missouri
18. (a) Signature of funeral director D. St. M. Langhin
(b) Address 2301 Lafayette
19. (a) JUL 27 1940 (Date received local registrar) (b) J. F. Brudek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis **11**
(If outside city or town limits, write "RURAL")
(d) Street No. 1909 A Coleman
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 6:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Laceration **Duration**
Brain Subdural Hemorrhage
Due to suffered at Cobrin Del
Due to about 7:00 P.M. July 9-1940
Other conditions (include pregnancy within 3 months of death)
when racing motorcycle
Major findings: operations exposed when deceased lost control of
Of autopsy same **Accident**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 7/9/40
(c) Where did injury occur? Cobrin Del
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work _____ (Specify type of place)
at _____ (Specify kind of injury)
23. Signature Alfred Perry (M. D. or other)
Address Capitol Ground Date signed 7/27/40

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY the cause of death. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

L. R. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.