

No. 2
4-13-40
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9348

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2758

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

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. ANTHONY HOSP. D.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME. FRANZISKA FENDLER

3. (b) If veteran, name war..... NO

3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOSEPH

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased SEPT. 27 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>5</u>	<u>30</u>	hr. min.

9. Birthplace. ST LOUIS CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name PHILIP DIEL

13. Birthplace 4 GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name HANEBRINK

15. Birthplace 4 GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Edw Fendler

(b) Address 5511 FICHEL BERGER.

17. (a) BURIAL (b) Date thereof MAR 29 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MNT HOPI. Cem.

18. (a) Signature of funeral director J. P. Fendler

(b) Address 7124 Danigan

19. (a) MAR 27 1941 (b) J. P. Fendler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. 96 NIR

(c) City or town. ST. LOUIS Co LEMAY
(If outside city or town limits, write "RURAL")

(d) Street No. 748 LEMAY FERRY RD.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1939 to Mar 26 1941
that I last saw her alive on Mar 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. coronary occlusion. Embolic.
Duration 5 hrs

Due to Perforated Gall Bladder following Erysipelas and cholerae
Due to and cholerae
10 yrs

Other conditions old templexia left eye
(Specify pregnancy within 3 months of death)

Major findings: Perforated Gall Bladder
Of operations

Of autopsy Perforated Gall Bladder
Physician

22. If death was due to external causes, fill in the following:

(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) (c) Means of injury

23. Signature George D. Sullivan
(M. D. or other)

Address 421 W. Schermer
Date signed 3/26/41

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.

Signature *Howard P. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Othello, Mo.*

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, fact should be so stated above.