V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

Registration District No. 784

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 101

State File No. 7690

Registrar's No. 438

1. PLACE OF DEATH: St. Louis
(a) County Clayton
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Mo. (b) County St. Louis 13
(c) City or town Overland 1 (If outside city or town limits, write "RURAL")
(d) Street No. 3315 Emminence Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME May Rendelman
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 Myron Rendelman
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb. (Month) 8 (Day) 1886 (Year)

8. AGE: Years 57 | Months 0 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name John Williams
13. Birthplace Tipperary (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Katherine Rhompson
15. Birthplace Cliffton (City, town, or county) Tenn. 1 (State or foreign country)
16. (a) Informant Myron Rendelman
(b) Address 3315 E Minnesence ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cemetery
18. (a) Signature of funeral director Baumann Brothers
(b) Address 2504 Woodson Overland Mo
19. (a) FEB 24 1943 (Date received by registrar) (b) C. G. McGarran MD (Registrar's signature) U.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1943 hour 6 minute 50 A.M.
21. I hereby certify that I attended the deceased from 2-18-43, 19__, to 2-20-43, 19__; that I last saw her alive on 2-20-43, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus	2 yrs.
Due to	
Due to 486	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. A. Preston (M. D. or other) M.D.
Address St Louis Co. Hosp Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 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.