

No. 2
DM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 562
Registrar's No. 381

318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3845A Lee Ave.
(d) Length of stay: In hospital or institution. // (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 3845A Lee Ave.
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Harry A. Mendell
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 12
year 1945 hour 6 minute P M.
21. I hereby certify that I attended the deceased from Jan 10, 1945 to Jan 12, 1945
that I last saw him alive on Jan 11, 1945 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice V. Mendell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 11 1856 (Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis
Due to: General Arteriosclerosis
Due to: Senile changes
Other conditions: (Include pregnancy within 3 months of death)

8. AGE: Years 88 Months 6 Days 1 If less than one day hr. min.

Major findings: Of operations. Of autopsy.
PHYSICIAN: Underline the cause to which death should be charged statistically.

9. Birthplace Pa. 1 (City, town, or county) (State or foreign country)
10. Usual occupation Watchman (Retired)

11. Industry or business
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. Blanche Brown
(b) Address 3845A Lee Ave.
17. (a) Burial (b) Date thereof 1-15-45 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belle Fontaine
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) JAN 15 1945 J. F. Bredeck (Date received local registrar) (Registrar's signature)

23. Signature H. Louis Schuchat (M. D. or other) While at work? (Specify type of place) (e) Means of injury
Address 2200 Chouteau av. Date signed 1-13-45

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

MOTHER FATHER

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

P. O. Address.....

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.