V. S. No. 2
00M—2-43
Rev. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1945

21720

State File No. 5830

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 96 2

(c) City or town Clayton, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7500 Parkdale. NR
(If rural, give location)

(e) Citizen of foreign country? no. 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edwin T. Brendecke.

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MINNIE J. BRENDECKE

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased FEBRUARY (Month) 28 (Day) 1879 (Year)

8. AGE: Years 66 Months 4 Days 6 If less than one day hr. min.

9. Birthplace SAINT LOUIS (City, town, or county) MISSOURI. 0 (State or foreign country)

10. Usual occupation RETIRED - PRES. & MAN'G

11. Industry or business CITY ICE & FUEL CO.

FATHER
12. Name HANS BRENDECKE
13. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

16. (a) Informant MRS MINNIE J. BRENDECKE
(b) Address 7500 PARKDALE - CLAYTON, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 7/45 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blv'd.,

19. (a) JUL 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th, year 1945. hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from June 28, 1945, to July 4, 1945, that I last saw him alive on July 3, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolus	10-15 minutes
Due to: Surgical operation for bilateral inguinal hernia	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death): Parkinson's disease	5 yrs

Major findings:
Of operations bilateral inguinal hernia repair on July 1, 1945
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 0

23. Signature Robert A. Schlatter, (M. D. or other) M.D.
Address 508 N. Grand Blvd. Date signed 7/15-1945

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert E. Schlueter.
Metropolitan Bld'g.,
JE: 4141
Hrs:-
Res: Gatesworth Hotel..
FO: 9280.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City-

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.