

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 19 1950 STANDARD CERTIFICATE OF DEATH

State File No. 25310

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5542	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>7300 ST. CHARLES ROCK RD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>			b. (Middle) <u>W</u>		c. (Last) <u>STENDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 24 50</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>12-21-1890</u>		9. AGE (In years last birthday) <u>59</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ATTENDANT ST. VINCENT SANITARIUM</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>GOOTLEIB STENDER</u>			13b. MOTHER'S MAIDEN NAME <u>MARIE KRUEGER</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA HANSEN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-18-9909</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ARTHUR STENDER 2328A SULLIVAN</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Fibroid disease of lungs.</u> ANTECEDENT CAUSES (b) <u>astens sclerotic heart dise</u> <u>Paroxysmal arr. tachycardia</u> <u>& long heart failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>noice</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>noice</u>					INTERVAL BETWEEN ONSET AND DEATH <u>? onset.</u> <u>2 weeks.</u>
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>If 20. B</u>			
22. I hereby certify that I attended the deceased from <u>6-23</u> , 19 <u>50</u> , to <u>6-24</u> , 19 <u>50</u> that I last saw the deceased alive on <u>6-24</u> , 19 <u>50</u> , and that death occurred at <u>8:10 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Hammond M.D.</u> (Degree or title)			23b. ADDRESS <u>634 N Grand</u>		23c. DATE SIGNED <u>6/26/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 27-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKEWOOD PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>		
DATE REC'D BY LOCAL REG. <u>JUN 26 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Basater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. SCHUR 3125 LAFA YETTE</u>			

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *John B. Volkman*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4014*.....

P. O. Address *3195 8th Street*.....

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.