

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2775

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0044**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (in this place) 5 CITY (If outside corporate limits, write RURAL and give township) St. Louis 2059 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 6023 Waterman Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) MAX b. (Middle) c. (Last) FENDLER			4. DATE OF DEATH (Month) (Day) (Year) 1 3 52		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/18/1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR: Months 3 Days 16 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Leon Fendler	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lillie J. Fendler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M. Fendler-6023 Waterman Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		7 days
	ANTECEDENT CAUSES DUE TO (b) Hypertensive vascular disease <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		5 years
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Generalized arteriosclerosis		20 plus yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from 12/29, 1951, to 1/3, 1952, that I last saw the deceased alive on 1/3, 1952, and that death occurred at 11:45am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) FR Bradley M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 1/3/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Reposal	24b. DATE 1/4/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JAN 4 1952	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rudolph, Inc - 5216 Delmar
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Peter B. Dubroulet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.