

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10473

State File No. ....

FILED MAR 24 1952

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2198**

1. PLACE OF DEATH a. COUNTY: <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <i>Mo.</i> b. COUNTY: <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township): <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township): <i>St. Louis</i> 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>Hosp = 1</i>		d. STREET ADDRESS (If rural, give location): <i>26 2809 N. 9</i>	
3. NAME OF DECEASED (Type or Print) a. (First): <i>Nora</i>		b. (Middle): <i>Rendelman</i>	
c. (Last): <i>Rendelman</i>		4. DATE OF DEATH (Month) (Day) (Year): <i>3 1 52</i>	
5. SEX: <i>Female</i>		6. COLOR OR RACE: <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <i>Married</i>		8. DATE OF BIRTH: <i>March 19, 1882</i>	
9. AGE (In years less (number) Months) Days Hours Min.: <i>69</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Housewife</i>	
11. BIRTHPLACE (State or foreign country): <i>Thebes, Ill.</i>		12. CITIZEN OF WHAT COUNTRY: <i>U.S.A.</i>	
13a. FATHER'S NAME: <i>William Lippard</i>		13b. MOTHER'S MAIDEN NAME: <i>Barsha Anne Wallace</i>	
14. NAME OF HUSBAND OR WIFE: <i>Charles C. Rendelman</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <i>NO</i>	
16. SOCIAL SECURITY NO.: <i>Unknown</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <i>Josephine Kirkover, Rt. 2, (Thebes, Ill.)</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>1 Oedema of Brain</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>2 Diverticulitis</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <i>3 Cardiac Hypertrophy</i>	
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): <i>St. Louis (Mo.)</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.): _____		21e. HOW DID INJURY OCCUR? <i>4343</i>	
21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <i>10</i> to <i>19</i> , 19____, that I last saw the deceased alive on <i>2/20</i> , 19____, and that death occurred at <i>St. Louis, Mo.</i> , from the causes and on the date stated above.	
22a. SIGNATURE (Degree or title): <i>Dr. Charles Hoppe</i>		22b. ADDRESS: <i>1300 Clark</i>	
22c. DATE SIGNED: <i>3/6/52</i>		23. BURIAL, CREMATION, REMOVAL (Specify): <i>Removal</i>	
24a. DATE: <i>3-7-52</i>		24b. NAME OF CEMETERY OR CREMATORY: <i>Chester, Ill.</i>	
24c. LOCATION (City, town, or county) (State): <i>Chester, Ill.</i>		24d. DATE REC'D BY LOCAL REG.: <i>MAR 7 1952</i>	
24e. REGISTRAR'S SIGNATURE: <i>Albert H. Hoppe</i>		24f. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: <i>Albert H. Hoppe, 4700 Washington Blvd.</i>	

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 \_\_\_\_\_

*Students of Mortuary College*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James A. Sammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.