

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41592

State File No.

FILED JAN 5 1953

REG. DIST. NO. 42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 1370

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 45 yrs.		d. STREET ADDRESS (If rural, give location) 1308 Grand Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1308 Grand Ave.		d. STREET ADDRESS (If rural, give location) 1308 Grand Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Fannie		b. (Middle)		c. (Last) Mendell		4. DATE OF DEATH (Month) (Day) (Year) December 24, 1952		
5. SEX Female	6. COLOR OR RACE Jewish	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH About 1878		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10b. KIND OF BUSINESS OR INDUSTRY Own Store (Retail)		11. BIRTHPLACE (State or foreign country) Lithuania.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Samuel Schabel		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Isaac Mendell	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No *****		16. SOCIAL SECURITY NO. 500-34-6549		17. INFORMANT'S SIGNATURE OR NAME Max Mendell		ADDRESS St. Joseph, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 9 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinomatosis					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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?	

22. I hereby certify that I attended the deceased from 3-11, 1952, to Dec 24, 1952, that I last saw the deceased alive on Dec 23, 1952, and that death occurred at 9:55AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Irwin Rosenthal M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 12-26-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 25, 1952		24c. NAME OF CEMETERY OR CREMATORY Bnai Yaakov Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
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DATE REC'D BY LOCAL REG. Dec 31, 1952		REGISTRAR'S SIGNATURE Carl C. Cash		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meischner Fleeman Funeral Home, Inc. St. Joseph, Mo.	
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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 _____ ****

Student Embalmer No. _____ **** ****

working under my personal supervision.

Student **** *****
Student Embalmer

Signed *Robert R. Harrington*

Licensed Embalmer No. 5258 Missouri.

P. O. Address St. Joseph, Missouri.

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.