

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44750

State File No. \_\_\_\_\_

FILED DEC 29 1953

BIRTH NO. 73414 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3203

4400

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mehlville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belridge</u>	
c. LENGTH OF STAY (in this place) <u>2 mos</u>		d. STREET ADDRESS (If rural, give location) <u>3630 Leeward Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>735 Kerth Road</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Verne</u> b. (Middle) <u>Robert</u> c. (Last) <u>Dzendzel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 19, 1953</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Days <u>26</u> IF UNDER 1 MIN. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>nil</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Michael Dzendzel</u>		13b. MOTHER'S MAIDEN NAME <u>Anne L. Lang</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXX</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Michael Dzendzel 3630 Leeward Ave.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus, Communicating</u> ANTECEDENT CAUSES <u>Meningocele, spinal</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH <u>cong.</u> <u>cong.</u>
--	--	---	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>751X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	

22. I hereby certify that I attended the deceased from Nov 25, 1953 to Nov 25, 1953, that I last saw the deceased alive on Nov 25, 1953, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Max Bretel M.D.</u>		23b. ADDRESS <u>8575 Delmar St Louis 24</u>		23c. DATE SIGNED <u>12/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Fattonville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>12/16/53</u>		REGISTRAR'S SIGNATURE <u>Walter B. Jankel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blummann Bros. Inc. 2504 Woodson Ba-Overland-14-Mo.</u>	
--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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 Me

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.