

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9004

0760

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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) OR TOWN St. Louis,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital				d. STREET ADDRESS (If rural, give location) 13 5400 Arsenal St.			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) JOSEPH c. (Last) RENDEL			4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1955				
5. SEX Male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single. 0		8. DATE OF BIRTH August 31, 1877	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer			10b. KIND OF BUSINESS OR INDUSTRY Retired 12 Yrs.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Missouri, 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Anton Rengel,			13b. MOTHER'S MAIDEN NAME Magdalena Weber,			14. NAME OF HUSBAND OR WIFE -----	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Magdalen E. Stanger, 3424a Klocke St		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH 10 yrs. X
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General paresis of the insane					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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? 025X			
22. I hereby certify that I attended the deceased from Jan. 14 19 1/4 , to Jan. 24 , 19 55 , that I last saw the deceased alive on Jan. 24 , 19 55 , and that death occurred at 8:15p m., from the causes and on the date stated above.							
23a. SIGNATURE R. Hofstetter M.D. (Degree or title)				23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 1/25/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		24b. DATE 1/27/55	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery,		24d. LOCATION (City, town, or county) (State) LeMay, Mo.		
DATE REC'D BY LOCAL REG. JAN 26 1955		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.		

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

(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 Loren E. Percy

Licensed Embalmer No. 21094

2842 Meramec St.,
P. O. Address St. Louis, 18, 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.