

No. 300
10.48

FILED MAR 18 1955

STANDARD CERTIFICATE OF DEATH

9394
State File No. 1836
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>EN. CITY HOSPITAL</i>		e. STREET ADDRESS (If rural, give location) <i>23 1006 PARK 22370</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>RAY</i>		b. (Middle)		c. (Last) <i>BRENDEL</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>2 23 55</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>		8. DATE OF BIRTH <i>4-8-1904</i>		9. AGE (In years last birthday) <i>50</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Unknown</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Collinsville, Ill.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>John Brendel</i>		13b. MOTHER'S MAIDEN NAME <i>Christina Haas</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>E. Frazier - S.A. Army Ft. Leonard</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ruptured Esophageal Varices, Cirrhosis of Liver.</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Liver.</i> DUE TO (c)	
INTERVAL BETWEEN ONSET AND DEATH		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? <i>5811</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>8:40 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Patrick E. Taylor, Coroner</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>FEB 26 1955</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>2-28-1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lebanon, Illinois</i>	
24d. LOCATION (City, town, or county) (State) <i>Lebanon, Illinois</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin</i>		ADDRESS <i>McLaughlin Funerl Home, St. Louis, Mo.</i>	

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

DATE REC'D BY LOCAL REG. *FEB 28 1955* REGISTRAR'S SIGNATURE *Charles Smith Mo* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *McLaughlin Funerl Home, St. Louis, Mo.*

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.....
Signature of Student Embalmer

Signed..... *James P. Chapman*

Licensed Embalmer No. *4*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.