SOURI DIVISION OF HEALTH -- STANDARD CERTIFICATE OF DEATH

2425268 SL 7473

-61-018964
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4475

FILED MAY 19 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.
Length of stay in 1b: 2 DAYS

c. CITY OR TOWN KIRKWOOD
Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPT.
Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 423 HEMAN DRIVE
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ALEXANDER Middle W. Last FAHRENDORF

4. DATE OF DEATH: Month MAY Day 9 Year 1961

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 2/12/80

9. AGE (last birthday): 81

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CIGAR MAKER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): WASHINGTON, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILLIAM FAHRENDORF

13b. MOTHER'S MAIDEN NAME: ROSALIE RINEHIMER

14. NAME OF HUSBAND OR WIFE: EDNA FAHRENDORF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SPAW

17. INFORMANT: EDNA FAHRENDORF (WIDOW) Address: SEE #2

INSTEAD OF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CEREBRAL VASCULAR HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) HYPERTENSION AND ARTERIOSCLEROSIS — 75 YEARS

DUE TO (c) 331x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
LEFT LOWER LOBE PNEUMONIA

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/7/61, to 5/9/61 and last saw him alive on 5/9/61
Death occurred at 8:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert M. Donati MD
ROBERT M. DONATI M.D.

22b. ADDRESS: VAH, ST. LOUIS, MO.

22c. DATE SIGNED: 5/9/61

SHOULD READ

23a. BURIAL, CREMATION, REMOVAL (Specify): Buried

23b. DATE: 5/12/61

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR: Louis H Bopp Inc ADDRESS: Kirkwood Mo

25. DATE RECD. BY LOCAL REG.: MAY 11 1961

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

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 Francis J. Wyland Jr.

Licensed Embalmer No. 45 12

P. O. Address Kittery, Me

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.