

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029582

FILED VS. SEP. 3 1959 62

Registration District No. \_\_\_\_\_ Primary Registration District No. 5595 Registrar's No. 83

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Imperial</u>		Length of stay in 1b _____	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway 61 + 67</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5419<sup>2</sup> Christy Blvd</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Henry John Rendler</u>			4. DATE OF DEATH Month Day Year <u>8 - 27 - 59</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-30-1894</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Route Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>QUALITY DAIRY</u>	11. BIRTHPLACE (City and state or country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Andrew Rendler</u>		13b. MOTHER'S MAIDEN NAME <u>UNIK</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Rendler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO. <u>497-03-3612</u>	17. INFORMANT Address <u>ELIZABETH RENDLER</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple fractures &amp; internal injuries / hr.</u>		CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Head on auto collision</u>			
20c. TIME OF INJURY Hour <u>3:20</u> p.m. <u>8-27-59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>Rock Twp.</u>	COUNTY <u>JEFF.</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>Carver's View</u> to _____ and last saw her/him alive on _____ Death occurred at <u>4:20 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>James C. Richard D.C. Coroner</u>			22b. ADDRESS <u>Festus, Mo.</u>		22c. DATE SIGNED <u>9/27/59</u> (State) <u>Mo</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem</u>	23b. DATE <u>Aug 27 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	23d. LOCATION (City, town, or county) <u>St. Louis Co Mo</u>		
24. FUNERAL DIRECTOR <u>Thomas Kutis 2906 Dranis</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>8-27-59</u>	26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

665 8 JES

1000 1/1/10

2000 1/1/10

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Elena Province

Licensed Embalmer No. 3403

P. O. Address 2906 Jan

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.