

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6303

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis (No. 4710 Cox 43 Jeff. Bk. Mo)

Registration District No. 11235
Primary Registration District No. 4486

File No. _____
Registered No. 40
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Otto F Bender _____ Ward _____
(Usual place of abode) Lappington Blvd. St. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Bender

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22, 1869.

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
60 2 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Himself
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Affton, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Ferdinand Bender

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Katherine Bender

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs Lena Bender
(Address) Rt. #10 Cox 43 Jeff. Bk. Mo.

15. FILED Feb 19 30 L. C. Obrock M. L. 40
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1929, to Feb 20 1930, and that I last saw him alive on Feb 10 1930, at 3 P. m. and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
92A not known
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90A
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Waldoff Will M.D.
2-21 1930 (Address) Jeff Bks R 8 Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Anns Catholic Ch DATE OF BURIAL 2/22 1930

20. UNDERTAKER W. Hoffmeister & Co ADDRESS 7814 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 28 1930

