

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

Do not use this space.

20750  
20750

File No. \_\_\_\_\_  
Registered No. 5544  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Marys Inf

Registration District No. 791  
Primary Registration District No. 1003  
(No. St. Marys Inf)

**2. FULL NAME**

Maggie Bender  
(a) Residence. No. 3169 Nebraska Ave. 24 Ward.  
(Usual place of abode)

(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  
4. COLOR OR RACE  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

FEMALE WHITE MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF PETER M BENDER (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MARCH 4 - 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day	hrs.
	<u>53</u>	<u>3</u>	<u>2</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. HOUSE WIFE  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) CHICAGO  
(STATE OR COUNTRY) ILL

10. NAME OF FATHER MICHAEL

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

12. MAIDEN NAME OF MOTHER DONT NO

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) DONT NO

14. INFORMANT PETER M BENDER  
(Address) 3169 Nebraska Ave

15. FILED JUN - 7 1930 Max E. Starker REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-6-1930

17. I HEREBY CERTIFY, That I attended deceased from 5/25, 1930, to 6/6, 1930 that I last saw h. alive on 6/6, 1930, and that death occurred, on the date stated above, at 10:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Hypertension in  
operation of Epithelium  
hoite  
6618 (duration) yrs. mos. 12 ds.  
1919  
CONTRIBUTORY (SECONDARY) Ac. Cardiac dilatation  
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? yes DATE OF 6/6/30

WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS autopsy

(Signed) Dr. Starker M. D.  
6/6-30 (Address) St. Marys Inf

\*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 MARCUS. DATE OF BURIAL JUNE 9 1930

20. UNDERTAKER AL. TRAUBE UND. CO ADDRESS 1819 1/2 Russell  
3212

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.

