

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

Do not use this space.

2801

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No.....)

Registration District No. 1781  
Primary Registration District No. 1002

File No.....  
Registered No. 505  
St..... Ward)

**2. FULL NAME**

(a) Residence, No. 2960 Harper St., 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marie Bender</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 8, 1869</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>4</u>	DAYS <u>6</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Latex cutter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>148</u>	
	10. Date deceased last worked at this occupation (month and year) <u>April 19, 31</u>	
11. Total time (years) spent in this occupation <u>50</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>		
FATHER	13. NAME <u>Eugene Bender</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Celia Weinstein</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Joseph Bender Jr</u> (ADDRESS) <u>2960 Harper</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>1-18</u> 19 <u>32</u>		
19. UNDERTAKER <u>Frederick Richman</u> (ADDRESS) <u>20129 East</u>		
20. FILED <u>Jan 16 1932</u> <u>Wm. C. H. Miller</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/14 1932

22. I HEREBY CERTIFY That I attended deceased from Oct. 14 1931 to January 14 1932  
I last saw him alive on January 13 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis  
936

Other contributory causes of importance: P. B. C.

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury..... (D)

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) Frederick W. Holtz, M. D.  
(Address) 16013 Broadway

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

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.

