

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

Do not use this space.

33864

**1. PLACE OF DEATH**

County..... Registration District No. *1846th 12*  
Township..... Primary Registration District No. *21283*  
City *St. Louis Mo.* (No. *3962*) *Meramec Cr.*

File No.....  
Registered No. **9165**  
St..... Ward.....

**2. FULL NAME**

*Frank W. Benda*  
(a) Residence, No. *3962* *Meramec* St., *15* 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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF <i>Mary Benda</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 31-1857</i>		
7. AGE	YEARS <i>75</i>	MONTHS <i>6</i>
	DAYS <i>15</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Trunk maker</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>no</i>	
	10. Date deceased last worked at this occupation (month and year) <i>Oct 19 1932</i>	
	11. Total time (years) spent in this occupation <i>Life</i>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri</i>	
	13. NAME <i>William Benda</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown 31</i>	
FATHER	15. MAIDEN NAME <i>Kathryn Michalek</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT <i>Barbara Benda Daught</i> (ADDRESS) <i>3962 Meramec</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>S. Peter &amp; Paul</i> DATE <i>Oct 18 1932</i>		
19. UNDERTAKER <i>Oscar J Hoffmeister</i> (ADDRESS) <i>4016 Chippewa St</i>		
20. FILED <i>OS 17 1932</i> <i>Max C. Starkloff</i> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 14 1932*

22. I HEREBY CERTIFY, That I attended deceased from *May 5 1932* to *Oct 14 1932*

I last saw him alive on *Oct 14 1932* Death is said to have occurred on the date stated above, at *8 P.M.*

The principal cause of death and related causes of importance were as follows:

<i>Chronic Myocarditis</i>	Date of onset <i>Feb-1932</i>
<i>Chronic Intestinal Pepsitis</i>	<i>Feb-1932</i>

Other contributory causes of importance: *1st 1931 2nd 1931*

Name of operation..... Date of.....  
What test confirmed diagnosis? *Lab* 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.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) *Albert F. Bone Ph.D.*, M. D.  
(Address) *1841 212th*

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 FOR FACT WITH, ON-READING INSTRUMENTS IS A PERMANENT RECORD

