

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

Do not use this space.

37821

**1. PLACE OF DEATH**

County..... Registration District No. ....  
Township..... Primary Registration District No. ....  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 10525  
St. .... Ward)

#13929  
**2. FULL NAME** Charles Bender  
(a) Residence, No. 1925 Arsenal St. 26 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Jan. 1 - 1879

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 10 26

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as splaner sawyer, bookkeeper, etc.** Beer Bottler  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** 260  
**10. Date deceased last worked at this occupation (month and year)** **11. Total time (years) spent in this occupation**

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis Mo.

**MOTHER FATHER** **13. NAME** Jacob Bender

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany

**15. MAIDEN NAME** Margaret Buckler

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany

**17. INFORMANT (ADDRESS)** Hospital Information City Hospital

**18. BURIAL, CREMATION, OR REMOVAL PLACE** S. S. Beer + Van ... **DATE** 11/24/32 1932

**19. UNDERTAKER (ADDRESS)** Wm J. Robert & U. C. 1925 So Grand St.

**20. FILED** NOV 28 1932 City Hospital Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Nov. 27 1932

**22. I HEREBY CERTIFY** That I attended deceased from Nov. 15 1932 to Nov. 27 1932

I last saw him/her live on Nov. 27 1932. Death is said to have occurred on the date stated above, at 5:05 a.m.

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

172 ft Date of onset  
Chronic Myocarditis  
Strangulated Inguinal  
Hernia

Other contributory causes of importance: 172 ft

Hypostatic Pneumonia

Name of operation Repair Date of 11-19-32

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 ..... (1)

**24. Was disease or injury in any way related to occupation of deceased?**

If so, specify Raymond H. Peck M. D.

(Signed) City Hospital (Address)

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.

Bevan