

WRITE CLEARLY, 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.

MAR 24 1934

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

Do not use this space.

**791
1003**

6774

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis Mo* (No. *Deaconess Hospital*)..... St. Ward)

File No.....
Registered No. **1626**..... St. Ward)

2. FULL NAME

Christian Mary Bender
(a) Residence, No. *Kennedy Rd* St. *NR* Ward. *Jefferson Barracks RR 8*
(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>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Bender</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 2 - 1861</i>		
7. AGE <i>69</i>	YEARS <i>3</i>	MONTHS <i>11</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Ret. Farmer</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) <i>Germany</i>		
13. NAME <i>Ferdinand Bender</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
15. MAIDEN NAME <i>Katherina Bender</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT <i>Marie Louise Bender</i> (ADDRESS) <i>6679 Kingsbury Pl St Louis</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Old St. Johns Cem</i> DATE <i>7-17-1934</i>		
19. UNDERTAKER <i>Louis H Bopp</i> (ADDRESS) <i>Herkwood mo</i>		
20. FILED <i>FEB 13 1934</i> <i>J. A. Brebeck</i> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2 - 12 - 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 30* 19*33* to *Feb. 14* 19*34*

I last saw him alive on *Feb. 14* 19*34*. Death is said

to have occurred on the date stated above, at *1:40 p.m.*

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

Chronic Myocarditis Date of onset *2 yrs*

75 C

97

Other contributory causes of importance:

Arteriosclerosis *10 yrs*

Name of operation..... *None* Date of.....

What test confirmed diagnosis? *Clinical* Was there an autopsy? *yes*

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) *Arthur W. Nestor's* M. D.

(Address) *Wabasha Street St Louis Mo*

