

JUN 13 1935

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

Do not use this space.

18246

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City, **St. Louis** (No. **5005**, **Goethe**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. **4592**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

**Peter Bender**  
(a) Residence, No. **5005 Goethe** St., **2** 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 **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 30, 1854**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**81 1 21**  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired barber**  
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) **Baden - Baden Germany**  
13. NAME **Burkhardt Bender**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**  
15. MAIDEN NAME **unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**  
17. INFORMANT (ADDRESS) **Melhelmine Bender 5005 Goethe**  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **St. Hope Cem May 21, 1935**  
19. UNDERTAKER (ADDRESS) **J. L. Ziegenbein's Sons 7027 Grand**  
20. FILED **23 1935** Registrar **J. L. Beedeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 21 1935**

I HEREBY CERTIFY, That I attended deceased from **May 19 1935** to **May 21 1935**  
I last saw **him** alive on **May 21 1935** Death is said to have occurred on the date stated above, at **10** m.  
The principal cause of death and related causes of importance were as follows:  
**Acute Cardiac Myelohou** Date of onset

Other contributory causes of importance:  
**Chronic Myocarditis**  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? **no**  
If so, specify **Heart**  
(Signed) **H. A. Schmeiner**, M. D.  
(Address) **68119 Gravois Ave**

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.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

CONFIDENTIAL - SECURITY INFORMATION

CONFIDENTIAL - SECURITY INFORMATION