

JUN 28 1935

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

Do not use this space.

18571

1. PLACE OF DEATH

County St. Louis  
Township Carondelet  
City West Mattess, Mo. (No. Butler Hill & Tesson Rd)

Registration District No. 1123  
Primary Registration District No. 6248 F

File No. \_\_\_\_\_  
Registered No. 168  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Christopher J. Bender  
(a) Residence, No. Butler Hill & Tesson Rd 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WHO DECEASED OR DIVORCED HUSBAND OF (or) WIFE OF Clara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1867

7. AGE YEARS 68 MONTHS 2 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Baden (STATE OR COUNTRY) Germany

13. NAME Ferdinand Bender

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

15. MAIDEN NAME Catherine Bender

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

17. INFORMANT Clara Bender (ADDRESS) R. R. # 11 Jeff. Bldg. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sec St. Johns Cem. DATE May 7 1935

19. UNDERTAKER C. Hoffmeister U. & Co. (ADDRESS) 1078 1/2 So. Broadway

20. FILED May 6 1935 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1934 to May 4 1935

I last saw him alive on April 28 1935 Death is said to have occurred on the date stated above, at 4 P. m.

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

Angina Pectoris Date of onset \_\_\_\_\_

Arteriosclerosis

Other contributory causes of importance:

Atherosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (accident), 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) L. H. Kaufman, M. D.

(Address) 243. K. Kaufman Bldg

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.

3720 Washington

8<sup>20</sup> to 9<sup>30</sup> AM

2-3 P.M.