

JUN 13 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21001

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1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. City Hospital #1)

Registration District No. 1003

Primary Registration District No. 1

File No. 4881
Registered No. 4881
St. 3 Ward

2. FULL NAME

Joseph Benda

(a) Residence No. 7138 Koberman St. 3 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 50 yrs. How long in U. S., if of foreign birth? 50 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Benda

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 None

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Worker

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) Bohemia

13. NAME Joseph Benda

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frank Benda
7138 Koberman

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Wood Park DATE June 5 30 19

19. UNDERTAKER (ADDRESS) W. S. MacCall
1736 Allen St.

20. FILED JUN -4 1935 19 St. Louis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1935, to June 2, 1935

I last saw him alive on June 2, 1935. Death is said to have occurred on the date stated above, at 8:05 a.m.
The principal cause of death and related causes of importance were as follows:

The drinking of beer and alcohol has led to the fragmented fracture of sternum received in a auto collision

Other contributory causes of importance:

at Imperial, Mo. Deceased was a passenger in one of the auto. Whether criminal or accidental could not be ascertained.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury May 28, 1935

Where did injury occur? Imperial, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Automobile Collision

Nature of injury Fractured Sternum

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

If so, specify _____

(Signed) W. S. MacCall M.D.
(Address) 1736 Allen St.

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.

MARGIN RESERVED FOR BINDING

NO. 2 1-24-33

