

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Charles*
Township *St. Charles*
City *St. Charles* (No. *817*)

Registration District No. *757*
Primary Registration District No. *3036*
Jefferson

File No. *7863*
Registered No. *38*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *817 Jefferson* St., *2* Ward.

(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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Hilse Bender*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 4th 1887*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Auto Mechanic*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Garage*

10. Date deceased last worked at this occupation (month and year) *February 1937* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Charles, Mo.*13. NAME *Henry H. Bender*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Charles, Mo.*15. MAIDEN NAME *Julia Sandfort*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Charles, Mo.*17. INFORMANT (ADDRESS) *Mrs. Hilse Bender*18. BURIAL, CREMATION, OR REMOVAL PLACE *Lutheran Cemetery* DATE *Feb. 27 1937*19. UNDERTAKER (ADDRESS) *Heckman - Bauer*20. FILED *2/27 1937* *Clarence B. Meeker* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *February 25, 1937*22. I HEREBY CERTIFY, That I attended deceased from *February 14, 1937, to February 25, 1937*

I last saw him alive on *February 24, 1937*. 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:

*Essential Hypertension
and Coronary Disease
Acute Bronchitis*

Date of onset

*2**2/16/37*

Other contributory causes of importance:

*Coronary Thrombosis
Bronchopneumonia*

*2/14/37**2/17/37*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Physical* 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 _____

(Signed) *R. O. Hayden*, M. D.(Address) *St. Charles, Mo.*

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION IS VERY IMPORTANT.

