DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9435

Registration District No. 791 j Primary Registration District No. 1003 Registrar's No. 2918

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5567 Clemens Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community about 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5567 Clemens Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? about 4 years years.

3. (a) PRINT FULL NAME Samuel Bendix

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Recha Strauss

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan 18, 1869 (Month) (Day) (Year)

8. AGE: Years ~~72~~ 71 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Butcher (retired)

11. Industry or business

FATHER 12. Name Bendix Bendix

13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Bertha Kaufman

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Gustav Greenfeld

(b) Address ~~[illegible]~~ 11 Aberdeen Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) MAR 29 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th 1940 year hour 3 p.m. minute M.

21. I hereby certify that I attended the deceased from March 28, 1940; that I last saw him alive on Feb. 28, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
heart failure	
Due to Coronary occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ruth Marshak (M. D. or other)

Address 462 N. Taylor Date signed 3-28-40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 8-17-39 I X19311

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.