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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30591

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7868

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3123 Mt. Pleasant St.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 3123 Mt. Pleasant St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Richard D. Stender

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 19 (Day) 1872 (Year)

8. AGE: Years 67 Months 10 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Police Officer

11. Industry or business

FATHER
12. Name John Stender
13. Birthplace Germany (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Anna Stickford
15. Birthplace Germany (City, town, or country) (State or foreign country)

16. (a) Informant John Stender
(b) Address 3123 Mt. Pleasant St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-40 (Month) (Day) (Year)
(c) Place: burial or cremation N. Pickers

18. (a) Signature of funeral director W. H. Bros & Co.
(b) Address 2929 S. Jefferson Av.

19. (a) SEP 21 1940 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18 year 1940 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept. 14 — 1940 to Sept. 18 1940 that I last saw him alive on Sept. 18 — 1940 and that death occurred on the date and hour stated above.

Immediate cause of death cirrhosis of liver — Duration 6 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Chr. myocarditis — Chr. interstitial nephritis

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 Roman J. Stancy (M. D. or other) M.D.
Address 4500 Virginia Date signed 9/20/40

(Licensed Embalmer's Statement on Reverse Side)

[illegible]
Ht 3550
2 to 4 Guidance [illegible]
Not Have Shown

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3442

P. O. Address 2929 S. Jeffer

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

If this body is not embalmed, fact should be so stated above.