

No. 2
4-13-40
5-17-39
I X23155

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26931

State File No. _____

Registrar's No. 6723

Registration District No. 791

Primary Registration District No. 1003

FILED SEP 17 1941

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:
Jewish Hos'p.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 8 days
(Specify whether
In this community..... about 6 years 0
years, months or days)

3. (a) PRINT FULL NAME..... Gustave Bendix
3. (b) If veteran, name war..... none
3. (c) Social Security No..... 329-10-1941

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..... Dec. 14 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 8 3 hr. min.

9. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation..... window trimmer

11. Industry or business.....

MOTHER FATHER { 12. Name..... Samuel Bendix
13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... Recha Strauss
15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Gerhard Suenfeld
(b) Address..... 11 Aberdeen Pl.

17. (a) Burial (b) Date thereof..... 8/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Mt. Sinai

18. (a) Signature of funeral director..... Mayer
(b) Address..... 4356 Lindell Blvd

19. (a) AUG 18 1941 (b) L. M. Bredsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Mo. (b) County.....
(c) City or town..... Kennett 035
(If outside city or town limits, write "RURAL") 02
(d) Street No.....
(If rural, give location) NR 2
(e) If foreign born, how long in U. S. A.?..... 6 years 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... Aug day..... 17
year..... 1941 hour..... 10 minute..... 48 M.

21. I hereby certify that I attended the deceased from..... Aug 13, 1941, to..... Aug 17, 1941;
that I last saw him alive on..... Aug 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Brain tumor - malignant 3-4 mos.
Due to.....
Due to..... 54 hrs
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations..... Brain tumor malignant 1 3 2
Of autopsy..... 0 3 2
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?

While at work..... (Specify type of place)
(e) Means of injury.....
23. Signature..... Samuel J. Zuber (M. D. or other)
Address..... Unit Club Bldg 8th St Date signed..... 8/18/41

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

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.....

Gay W. Wilkins

Licensed Embalmer No..... *3578*

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, fact should be so stated above.