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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41831

FILED JAN 15 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2690

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Halls Ferry Memorial Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 Week (Specify whether

In this community 3 1/2 Week years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 4040 Olive St (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Marie Bender

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter Bender

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Oct (Month) 21 (Day) 1871 (Year)

8. AGE: Years 41 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Fountain (City, town, or county) Ind. (State or foreign country) 1

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Adolph Estes
13. Birthplace Un Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Lara Plummer
15. Birthplace Un Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Walter Bender

(b) Address 4040 Olive St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halls Ferry Rd.

19. (a) DEC 18 1942 (Date received for registry) (b) E. G. McGovern MD (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1942 hour - 3 05 minute P. M.

21. I hereby certify that I attended the deceased from Nov 22 1942 to Dec 17 1942 that I last saw her alive on Dec 17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hemmorrhage due to advanced Carcinoma of Uterus & Rectum

Due to

Due to Carcinoma

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 Nellie Shaves (M. D. ~~or other~~)

Address 4932 - Maryland Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur P. Diedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis City

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.