

FILED FEB '8 1943

Registration District No. 134 Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County ST. LOUIS
(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:
MT. ST. ROSE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 10 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 123 ROSEACRE LANE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLAUDE W. BENDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-10-2614

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife STELLA F. BENDER 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased APRIL 8, 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED SALES MGR. (6 YRS)

11. Industry or business GENERAL ELECTRIC Co.

MOTHER FATHER { 12. Name PETER BENDER
13. Birthplace ? (City, town, or county) N.Y. STATE (State or foreign country)
14. Maiden name MARY FOREMAN
15. Birthplace ? (City, town, or county) Penn (State or foreign country)

16. (a) Informant A. Hinder

(b) Address 123 ROSEACRE LANE

17. (a) CREMATION (b) Date thereof 1 27 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CREMATORY

18. (a) Signature of funeral director MITTELBERG FUNERAL HSE.

(b) Address WEBSTER GROVES, MO.

19. (a) _____ (b) C. E. McFarlan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANV day 24TH
year 1943 hour 7 minute - P.M.

21. I hereby certify that I attended the deceased from 1-15-43, 19____, to 1-24-43, 19____;
that I last saw him alive on 1-23-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulm. Tub. for Adv. bilateral

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 1/2

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature Andrew C. Henske M.D. (Specify type of place) (e) Means of injury _____

Address 607 N. Grand Blvd Date signed 1-26-43

Duration

6 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12 1/2

JAN 26 1943

1943 FEB 8

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.....

G. W. Wilkinson

Licensed Embalmer No.....

3575

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.