

S. No. 2
DM-2-43
5-17-39
-1 X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12543
Registrar's No. 3915

FILED MAY 9 1948 18

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 97
(d) Street No. 4506a Carter Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Aurelius Bence

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Margaret Frye 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 13th 1916
(Month) (Day) (Year)

8. AGE: Years 28 Months 1 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business Bonus Products

MOTHER FATHER

12. Name Joseph Bence
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lohbeck
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Bence-wife
(b) Address 4506a Carter Avenue,

17. (a) burial (b) Date thereof 4/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 4506a North Euclid Avenue
APR 27 1944

19. (a) _____ (b) J. F. Bence
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1944 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from July 1942, to 7-25 1944
that I last saw him alive on 4-25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery Thrombosis Duration 10 hours
Due to Coronary art attherosclerosis + Hypertension ?
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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) none
(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 J. F. Bence (M. D. or other) M. D.
Address 634 N. Grand Date signed 4/29/44

Rev. Girard Munsch
4475 W. Pine 7-8th Pm
Ne 6093

Humboldt 11-1 pm Je-4980

Dr. Hansmann 11^{am}
at Johns Hosp

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 Albert Mayfield
Licensed Embalmer No. # 3077
P. O. Address St. Louis, Missouri

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.