S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10998

Registrar's No. 3089

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS:
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
CITY HOSPITAL: 0
(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 SAINT LOUIS: 17
(If outside city or town limits, write "RURAL") 914

(d) Street No. 6029 DEVONSHIRE AVE:
(If rural, give location)

(e) Citizen of foreign country? NO. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LILLIAN GRACE BENDER

3. (b) If veteran, name war ----------

3. (c) Social Security No. ----------

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife FREDERICK W. BENDER

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased SEPTEMBER (Month) 26 (Day) 1902 (Year)

8. AGE: — Years 42 Months 6 Days 10 If less than one day hr. min.

9. Birthplace SAINT LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JOHN T. CHAPMAN
13. Birthplace SAINT LOUIS (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name PEARL E. SHERER
15. Birthplace SAINT LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant FRED W. BENDER
(b) Address 6029 DEVONSHIRE AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/9/45 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director C.R.LUPTON & SONS
(b) Address &"## 7233 DELMAR BLVD.

19. (a) APR 6 1945 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 6th year 1945 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to 83 a 1

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.

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 Alfred Perry (M. D. or other) 3

Address Liberty Mo. Date signed 4/5/45

(Licensed Embalmer's Statement on Reverse Side)

City Coroner.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo

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.