

S. No. 2
M-1747
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 29 1947
Registration District No. _____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30735**
Registrar's No. **200**

Primary Registration District No. **3016**

1. PLACE OF DEATH:
(a) County **Cole**
(b) City or town **Jefferson City, Mo.**
(c) Name of hospital or institution: **St. Mary's Hospital**
(d) Length of stay: _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **2936 A Chouteau**
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Oscar A Bender**
3. (b) If veteran **World War I**
3. (c) Social Security No. **702-14-4231**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **9** day **13**
year **1947** hour **8** minute **35 P.M.**

4. Sex **male** 5. Color or race **white**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 13 1887**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Duration **Sudden**

8. AGE: Years **59** Months **6** Days **29**
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace **Millstadt, Ill.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **94A**

10. Usual occupation **Railroad Engineer**

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name **unk**

13. Birthplace **unk**

14. Maiden name **unk**

15. Birthplace **unk**

16. (a) Informant **Nary Bender**

(b) Address **St. Louis, Mo.**

(c) Place: burial or cremation **Jefferson Barracks, Mo.**

18. (a) Signature of funeral director **Peter Buescher**

(b) Address **Jefferson City, Mo.**

19. (a) **9-17-47** (b) **A. P. Dennis, M.D.**
(Date received for registration) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **J. A. Decker, M.D.**
Address **Jefferson City, Mo.** Date signed **9-12-47**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

26
5
4

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-26-47

SEP 29 1947

OCT 7 1947

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 _____

A. E. Juntz Jr. Registered Apprentice No. 80
working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.