No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6047
Registrar's No. 1847

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary Inf.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1907 Whittier
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Bender
3. (b) If veteran, name war
3. (c) Social Security No. 491-14-9694
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 27 (Day) 1909 (Year)

8. AGE: Years 39 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Mt Rose (City, town, or county) Miss (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business
FATHER
12. Name Will Bender
13. Birthplace Mt Rose (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Eveline Combus
15. Birthplace Mt Rose (City, town, or county) Miss (State or foreign country)
16. (a) Informant Louise Bender
(b) Address 1907 Whittier St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Lee Lowe
(b) Address 2930 Dickson St.
19. (a) FEB 24 1948 (Date received local registrar) (b) J. L. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 15th year 1948 hour 3:15 minute P. M.
21. I hereby certify that I attended the deceased from Feb 10 1948, to Feb 15 1948, that I last saw him alive on Feb 15 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pyo-Nephrosis - Hydro-ureter	1 wk
Due to: Urethral Stricture	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Peri Urethral Abscess	4 days

Major findings:
Of operations: Bladder & purulent urine & pus of abscess.
Of autopsy: as above

PHYSICIAN
Underline the cause of 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 Leon L. Martin (M. D. or other) 2/28/48
Address 4069 Easton Date signed

Jefferson City Printing Co.
(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.

1817

Signed Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard ave

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.