

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6676 Registrar's No. 546

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schuessler Road West of Tesson</u>		d. STREET ADDRESS (If rural, give location) <u>Schuessler Road west of Tesson Rd.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>-----</u> c. (Last) <u>Bender</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>October 10, 1872</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YEAR Years _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Ferdinand Bender</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Bender</u>		14. NAME OF HUSBAND OR WIFE <u>Edna</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred W.O. Bender Rt. 14 Box 1000 Affton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Generalized, Severe</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u> <u>93d</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 17</u> 19 <u>49</u> , to <u>March 4</u> 19 <u>49</u> , that I last saw the deceased alive on <u>Mar. 3</u> , 19 <u>49</u> , and that death occurred at <u>8 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert N. Tickner M.D.</u>		23b. ADDRESS <u>4602 Travis St. Louis 16 Mo</u>	23c. DATE SIGNED <u>3-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>March 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old St. Johns Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mehlville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-19-49</u>	REGISTRAR'S SIGNATURE <u>Thomas L. Luningbaum</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co. 7814 S. Broadway</u>	

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

96
900

4602
Re 4600
3-5 PM Daily

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Harry J. Scheemacher

Signed _____
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 1st Broadway

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.