

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20766

FILED JUL 15 1949

State File No. 5781

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis 5 ^{Township})		c. LENGTH OF STAY (In this place) 42 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Orthodox Old Folks Home		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 17	
3. NAME OF DECEASED (Type or Print) RACHEL		d. STREET ADDRESS (If rural, give location) 1438 E. Grand Ave. 8	
a. (First)		b. (Middle)	
c. (Last) BENDER		4. DATE OF DEATH (Month) (Day) (Year) 7 3 49	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH ab. 1884
9. AGE (In years last birthday) ab 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
11. BIRTHPLACE (State or foreign country) USSR		12. CITIZEN OF WHAT COUNTRY? US	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13a. FATHER'S NAME Sam Schneiderman		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Samuel Bender		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Rose Bender	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. DATE OF OPERATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Urton Myer and date</i> DUE TO (c) <i>Arteriosclerosis</i>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
19a. DATE OF OPERATION		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97		21f. HOW DID INJURY OCCUR 4-221	
22. I hereby certify that I attended the deceased from <i>about 1947</i> to <i>July 3, 1949</i> , that I last saw the deceased alive on <i>July 3, 1949</i> , and that death occurred at <i>5:30 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Wm. Berger</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>1918 East Grand</i>	
23c. DATE SIGNED <i>7/15/49</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
24b. DATE <i>7/15/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Berger Memorial 4715 McPherson</i>	
DATE REC'D BY LOCAL REG. JUL 15 1949		REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>	

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

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4229

P. O. Address _____

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.