

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

254487

State File No. \_\_\_\_\_

FILED AUG 2 1949

9623

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 8063 Registrar's No. 1674

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pond</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Christy Road</u>	
3. NAME OF DECEASED a. (First) <u>Dorothy</u> b. (Middle) <u>Born</u> c. (Last) <u>Bendick</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>15</u> (Year) <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 15, 1904</u>
9. AGE (In years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>C. William Born</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Reich</u>	14. NAME OF HUSBAND OR WIFE <u>Fred W. Bendick</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred W. Bendick, Christy Road, Pond, Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion - severe</u> INTERVAL BETWEEN ONSET AND DEATH <u>None</u> ANTECEDENT CAUSES DUE TO (b) <u>Skull fracture - basilar</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9000</u> <u>21</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Own Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pond St. Louis Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 15 1949</u> m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell down basement steps</u>			
22. I hereby certify that I attended the deceased from <u>7-15-1949</u> , to <u>7-15-1949</u> , that I last saw the deceased alive on <u>7-15-1949</u> , and that death occurred at <u>12:55 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Bernard R. Thibault M.D.</u>		23b. ADDRESS <u>601 Bentwood Blvd</u>	
23c. DATE SIGNED <u>7/16/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 19, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-16-49</u>		REGISTRAR'S SIGNATURE <u>Bernard R. Thibault</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U.&amp;L. Co., 6464 Chippewa St.</u>		ADDRESS <u>C. Hoffmeister U.&amp;L. Co., 6464 Chippewa St.</u>	

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.

Signed Harry J. Schumacher

Signed .....  
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 S 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.