

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9878  
2133

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 township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>CITY Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>2801-50 18TH ST.</i>	

3. NAME OF DECEASED a. (First) <i>SAMUEL</i> b. (Middle) <i>R.</i> c. (Last) <i>BENDER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>MARCH 4, 1951</i>	
---	--	--	--

5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>MARCH 21, 1932</i>	9. AGE (In years last birthday) <i>18</i> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.
--------------------	-------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>St. Louis Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
--	---	--	--

13a. FATHER'S NAME <i>MICHAEL BENDER</i>	13b. MOTHER'S MAIDEN NAME <i>MARY HAMBEL</i>	14. NAME OF HUSBAND OR WIFE <i>SINGLE</i>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Mary Bender</i> ADDRESS <i>2801-50 18TH</i>
--	-------------------------------	---

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Subarachnoid hemorrhage of brain; Emphysema of Mediastinum</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Due to (b) decreased skull guard rail and due to (c) later struck bump posts east of east Hall Station on the Arthur Bridge about 507 am March 4th 1951</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <i>4th 1951</i>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------	--	--

21a. ACCIDENT (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Bridge</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo.</i>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Mar 4 5:30 P.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>2819A</i>
--	--	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *12:55 P.M.*, from the causes and on the date stated above. *31*

23a. SIGNATURE <i>Gabriel Clayton Blacome</i> (Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>3-6-51</i>
---	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>3-7-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
---	-------------------------	---	--

DATE RECORDED BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Luster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>M. J. Conner</i> ADDRESS <i>7146 Manchester</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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Allen Davis J.*

Licensed Embalmer No. *4653*

Signed.....  
Student Embalmer

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.