No. 300
10.48

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

FILED APR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9670

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2742

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3324 Missouri Av

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2249
d. STREET ADDRESS (If rural, give location): 24 3324 Missouri Av

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Daniel c. (Last) Bender

4. DATE OF DEATH (Month) Mar (Day) 22 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH Jan 22 1875

9. AGE (In years last birthday) 77 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St Louis Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Jacob Bender

13b. MOTHER'S MAIDEN NAME Margaret Bucholt

14. NAME OF HUSBAND OR WIFE Anna Bender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Anna Bender **ADDRESS** 3324 Missouri Av

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) old age

DUE TO (c) chr Bronchitis — "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* X Bronchitis

19a. DATE OF OPERATION X

19b. MAJOR FINDINGS OF OPERATION X

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X

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) X (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 502.1

22. *I hereby certify that I attended the deceased from* Jan *, 1950, to* Mar 20 *, 1952, that I last saw the deceased alive on* Mar 20 *, 1952, and that death occurred at* 6 a *m., from the causes and on the date stated above.*

23a. SIGNATURE H S Pyne (Degree or title) M D

23b. ADDRESS 2752 Chambers

23c. DATE SIGNED 3/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3/25/52

24c. NAME OF CEMETERY OR CREMATORY Parl Lawn Cemetery

24d. LOCATION (City, town, or county) (State) St Louis Mo.

DATE REC'D BY LOCAL REG. MAR 24 1952

REGISTRAR'S SIGNATURE J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Moydell Funeral Home 1926 Allen Av

mjb

(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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Dale A. Shermann

Licensed Embalmer No. 4533

P. O. Address St Louis Mo

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.