

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37161

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9355**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Aftton 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 11008 Tesson Ferry Road	
3. NAME OF DECEASED (Type or print) First Edward Middle J. Last Bender Sr.		4. DATE OF DEATH Month October Day 6 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 31, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 74
13. FATHER'S NAME Julius Bender		11. BIRTHPLACE (City and state or country) Centralia, Illinois	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. None		17. INFORMANT Walter L. Bender 10619 Lee Bur Dr. 23	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardiac involvement DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443x			INTERVAL BETWEEN ONSET AND DEATH 11 days 5-6 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20h. STATE		21. I attended the deceased from March 1957 to 6 Oct 57 and last saw him him alive on 6 Oct 57 Death occurred at 1 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE R. H. Schmeeman (Degree or title)		22b. ADDRESS 6817 Grovois	
22c. DATE SIGNED 10/6/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Oct. 9, 1957		23c. NAME OF CEMETERY OR CREMATORY Old St. Joh's Cemetery	
23d. LOCATION (City, town, or county) Mehlville, Mo.		23e. (State)	
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries 7801 S. Broadway		25. DATE RECD. BY LOCAL REG. OCT 7 '57	
26. REGISTRAR'S SIGNATURE J. Carl Smith MO MSB			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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(Licensed Embalmer's Statement on Reverse Side)

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2-09-33

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
Signature of Student Embalmer

Signed Bill C. Drans

Licensed Embalmer No. 47

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.