RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031875

STATE FILE NUMBER

FILED VS SEP 14 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8779

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 56 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. Baptist Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis (12)
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5657 Cabanne Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MRS. Middle MYRTLE Last HOWDESHELL BENDER
4. DATE OF DEATH: Month September Day 6 Year 1960
5. SEX: F.
6. COLOR OR RACE: W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: ~~9/7/1887~~
9. AGE (last birthday): 81 ~~72~~
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Lincoln County Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Wm. H. Howdeshell
13b. MOTHER'S MAIDEN NAME: Victorene Mitchell
14. NAME OF HUSBAND OR WIFE: William F. Bender
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.:
17. INFORMANT: William C. Bender
Address: 2812 Tennyson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 2 yrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Dec 24 1958 to Sept 6 1960 and last saw her alive on Sept 6 1960
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or Title): Richard L. Jones MD
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: 9/7/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/8/1960
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Missouri
24. FUNERAL DIRECTOR: Alexander & Sons
ADDRESS: 6175 Delmar Blvd.
25. DATE RECD. BY LOCAL REG.: SEP 7 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

BY AFFIDAVIT OF husband DOCUMENT family bible record

Dr. Richard A. Jones
3720 Washington Ave.
JE 3 1057
1:30 to 3:30 PM WED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J. Allen Davis
Signature of Student Embalmer

Licensed Embalmer No. 405-

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.