

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED FEB 12 1940

STANDARD CERTIFICATE OF DEATH

State File No. 4834

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1664

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town ST. LOUIS MO  
 (c) Name of hospital or institution: 3952 BOWEN 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution HOME  
 In this community 55 Yrs.  
 years, months or days

3. (a) PRINT FULL NAME AUGUST BENDER  
 8. (b) If veteran, name war -  
 3. (c) Social Security No. -

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MARY LUTZ 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased MAY 22 1875  
 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 26 If less than one day  
 - hr. - min.

9. Birthplace ST. LOUIS MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business PLUMBER

MOTHER FATHER  
 12. Name MICHAEL BENDER  
 13. Birthplace UNKNOWN  
 (City, town, or county) (State or foreign country)  
 14. Maiden name UNKNOWN  
 15. Birthplace "  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Bender  
 (b) Address 3952 Bowen

17. (a) BURIAL (b) Date thereof FEB 19 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation OUR REDEMER Luth.

18. (a) Signature of funeral director Frederick Funeral Home  
 (b) Address 1936 S. St. Louis Ave.

19. (a) FEB 19 1940 (b) J. J. [Signature]  
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County \_\_\_\_\_  
 (c) City or town ST. LOUIS MO 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3952 BOWEN  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? U. S. BORN. LIFE years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 17  
 year 1940 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 1, 1938, to Feb. 17, 1940  
 that I last saw him alive on Feb. 17, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach 2 1/2 yrs.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions [Signature]  
 (Include pregnancy within 3 months of death)  
 Major findings: Carcinoma of stomach  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Gerome [Signature] (M. D. or other) \_\_\_\_\_  
 Address 568 N. Grand Date signed 2/17/40

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 3737

P. O. Address..... 1926 St. Louis Ave

**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, above space should be left blank.**