

No. 27
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23817

State File No. _____

Registrar's No. 6262

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
3

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 7
(If outside city or town limits write "RURAL")

(d) Street No. 5357 Queens
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John J. Bender 536

(b) If veteran, name war No

3. (c) Social Security No. 489-16-6810

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1940 hour 8 minute 30 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Leber Bender

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 6, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept., 1936, to 7-24-40, 1940, that I last saw him alive on June 6, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 11 Days 18
If less than one day hr. _____ min. _____

Immediate cause of death Chronic endocarditis

9. Birthplace Germany
(City, town, or county) (State or foreign country)

Due to General arteriosclerosis

10. Usual occupation Collector

Other conditions 9/2
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Ambrose Bender 1

13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Reis 6

15. Birthplace Germany 6
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Martha Bender

(b) Address 5357 Queens Ave.

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? _____

17. (a) Burial (b) Date thereof July 27, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

While at work? _____ (Specify type of place) _____

(e) Means of injury _____

18. (a) Signature of funeral director Bronschwing Ind. Co.

(b) Address 4746 W. Florissant

19. (a) JUL 25 1940 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) MD

Address 5074 [Address] Date signed 7-26-40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *4704 Washington*

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.