

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27101
Registrar's No. 6997

SEP 25 1940 791
Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
En Route to City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Pauline Rose Bender 534
3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Erwin J. Bender 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased August 10 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 0 6 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Arthur J. Keller

18. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Jansen

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

16. (a) Informant's own signature Jennie Keller

(b) Address Greenville Illinois

17. (a) Burial (b) Date thereof August 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beck Missouri

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) AUG 19 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2402 A. South 13th. St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 8 day 16
year 1940 hour 5:50 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Shot Duration _____
Wounded in Center of
Forehead Penetrating
the Brain and Fracturing
the Skull Anteriorly

Due to Suffered when shot
with rifle in the
front of house

Other conditions (Include pregnancy within a month of death)
Major findings: Remainder of deceased
in home at 2402 A. S. 13th
at about 5:50 A. M. Aug. 16
Home

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence 8/16/40

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
Home

(e) Means of injury Shot

28. Signature Joseph in (City or town) (State)
Address Deputy Coroner Date signed _____

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.

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

Frank J. Owens

Licensed Embalmer No. *3245*

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, above space should be left blank.