No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9971

Registrar's No. 3186

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Saint Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4462 Lee Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Bendorf
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Bendorf nee Sale
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased January 10th, 1892 (Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Alton, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Office Manager
11. Industry or business White Supply Co. 4343 Duncan Av.

FATHER
12. Name Arnold Bendorf
13. Birthplace Godfrey, Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Gollenberg
15. Birthplace Saint Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Edna Bendorf
(b) Address 4462 Lee Avenue
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 4/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard
19. (a) APR 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st year 1948 hour 4 minute 40 P.M.

I hereby certify that I attended the deceased from Mar. 29 1948 to Mar. 31 1948 that I last saw him alive on Mar. 31 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial infarction	20 hrs
Due to Coronary artery disease	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Coronary thrombosis Myocardial infarction

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury

23. Signature L. T. Beasley (M. D. or other)
Address 3903 Olive St. Date signed 4-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wall Building, 3903 Olive St.,
3 to 5 P. M.

Mail

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 John A. McNair

Licensed Embalmer No. 4186

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, fact should be so stated above.