FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 206461

FILED JUN 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5507

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 Christian Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Washington Ave. 5
(If rural, give location) N.R
(e) Citizen of foreign country? Unknown (Yes or No) 1
If yes, name country Unknown

3. (a) PRINT FULL NAME Jennie Bender
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widow 2
6. (b) Name of husband or wife Otto Bender
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 28 (Day) 1857 (Year)
8. AGE: Years 90 Months 10 Days 19 If less than one day hr. min.
9. Birthplace Aberdeenshire (City, town, or county) Scotland (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Alexander Chalmers
13. Birthplace Scotland (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name Jennie (Unknown)
15. Birthplace Scotland (City, town, or county) (State or foreign country) 4
16. (a) Informant Files C.O.P.H.
(b) Address 6600 Washington Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Iowa.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1948 hour 10 minute 10 a. M.
21. I hereby certify that I attended the deceased from June 10, 1948, to June 17, 1948, that I last saw her alive on June 17, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolis	
Due to: Fracture Right Hip Intertrochanteric	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Epileptic	
Major findings of operations:	
Of autopsy:	

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) accident
(b) Date of occurrence June 10, 1948
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Christian old People Home (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature R. K. Earp M.D. (M.D. or other)
Address 3720 Washington Blvd Date signed 6-17-1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 John S. Dennett

Licensed Embalmer No. 4194

P. O. Address.....

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.