

FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13589

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>		Registrar's No. <b>3240</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY: _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo</b>		c. LENGTH OF STAY (In this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3522 Blair Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3522 Blair Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>3522 Blair Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) _____		c. (Last) <b>Bender</b>		4. DATE OF DEATH (Month) <b>4</b> (Day) <b>9</b> (Year) <b>49</b>	
5. SEX <b>M U</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>6-24-1865</b>	
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own business</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Eugene Bender</b>		13b. MOTHER'S MAIDEN NAME <b>Cecilia Wergstein</b>		14. NAME OF HUSBAND OR WIFE <b>Josephine Bender (deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Josephine Bender, 3522 Blair</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Uremia</b>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ch. Myocarditis</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Mar 29, 1948</b> to <b>April 9, 1949</b> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>A. A. Niel M.D. U.</b>				23b. ADDRESS <b>3901 W. Flinn</b>		23c. DATE SIGNED <b>4/11/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-13-49</b>		24c. NAME OF CEMETERY OR CREMATORY. <b>Calvary Cem.</b>		24d. LOCATION (City, town, or county). (State) <b>St. Louis, Mo</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 11 1949</b> <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Edward Koch &amp; Son - 3516 N. 14th</b>					

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

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ronald A. Yahube*

Licensed Embalmer No.

*3912*

P. O. Address

*St. Louis*

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.