

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13131

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 2002	Registrar's No. 2996
1. PLACE OF DEATH a. COUNTY <u>St Louis Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) 33 OR TOWN <u>UNIVERSITY CITY 4336</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6749 VERNON AVE.</u>		d. STREET ADDRESS (If rural, give location) <u>6749 VERNON AVE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>X</u> c. (Last) <u>BENDYK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 11-1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEB. 2-1929</u>	
10a. USUAL OCCUPATION (Give kind of work) <u>ADD. HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WORKER</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>21</u>	
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>FRANK X. BENDYK</u>		13b. MOTHER'S MAIDEN NAME <u>PAULINE BUDA</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK X. BENDYK</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Physical Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		ADDRESS <u>6749 VERNON Av.</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 years.</u>
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., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Dec 10</u> , 19 <u>50</u> , to <u>Dec 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 10</u> , 19 <u>50</u> , and that death occurred at <u>7:15 Am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Les F. Seald MD</u> (Degree or title)		23b. ADDRESS <u>667 Delmar Blvd University City Mo.</u>		23c. DATE SIGNED <u>Dec 11, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM., ST. LOUIS, MO</u>		24b. LOCATION (City, town, or county) (State) <u>Mo</u>
24a. DATE REC'D BY LOCAL REG. <u>12/12/50</u>		24b. REGISTRAR'S SIGNATURE <u>Herbert R. Tombs MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. MULLEN UND. Co., 5165 Delmar Blvd</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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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 H. G. Harris

Licensed Embalmer No. 3384

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.