

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38702**  
Registrar's No. **9919**

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>  | PRIMARY REG. DIST. NO. <b>1003</b>  | Registrar's No. <b>9919</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo</b><br>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) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b> <b>2109</b> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3237 Harper St</b>   |  | d. STREET ADDRESS (If rural, give location) <b>3237 Harper St</b>  |   |   |  |
| 3. NAME OF DECEASED<br>a. (First) <b>Louise</b><br>b. (Middle) _____<br>c. (Last) <b>Bender</b>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>11 7 51</b>                                  |   |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>  | 8. DATE OF BIRTH <b>8-6-1870</b>  | 9. AGE (In years last birthday) <b>81</b>   | IF UNDER 1 YEAR Months _____ Days _____                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  | 11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo</b>                        |   | 12. CITIZEN OF WHAT COUNTRY? _____                                 |
| 13a. FATHER'S NAME <b>Unknown</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Anna Whiteman</b>   | 14. NAME OF HUSBAND OR WIFE <b>Louis Bender</b>                                       |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____  |  | 16. SOCIAL SECURITY NO. <b>none</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr Leo Bender 3237 Harper St</b>         |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General Carcinomatous</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma of Stomach</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2-7-51</b><br><b>6-6-51</b> |
| 19a. DATE OF OPERATION _____  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   | 20. AUTOPSY?<br>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 <b>151X</b>  |   |   |  |
| 22. I hereby certify that I attended the deceased from <b>Feb 2, 1951</b> to <b>Nov 7, 1951</b> , that I last saw the deceased alive on <b>Nov 7, 1951</b> , and that death occurred at <b>10:50 AM</b> from the causes and on the date stated above. |  |  |   |   |  |
| 23a. SIGNATURE <b>Renner Byrnes</b>   |  | (Degree or title) <b>MD.</b>   | 23b. ADDRESS <b>9802 N. Grand Blvd</b>  |   | 23c. DATE SIGNED <b>11-8-51</b>                                    |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 24b. DATE <b>11-10-51</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>                   |   |  |
| DATE REC'D BY LOCAL REG. <b>NOV 8 1951</b>  | REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Godhart - Godhart 2228 St. Louis, Ave</b> |   |  |

WRITE PLAINLY—USING UNFADEING 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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.