

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6130

FILED FEB 17 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **645**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>D.O.A. Home Y. Phillip</i>		e. STREET ADDRESS (If rural, give location) <i>4035th Juney 2nd</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Harry</i> b. (Middle) c. (Last) <i>Bendle</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 16, 1956</i>		
5. SEX <i>M</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	
8. DATE OF BIRTH <i>Sept. 12, 1921</i>		9. AGE (in years last birthday) <i>34</i>		10. MONTHS <i>4</i>	
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <i>Cook</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or foreign Country) <i>St. Louis, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>George Bendle</i>		13b. MOTHER'S MAIDEN NAME <i>Lillie Carter</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service) <i>Yes N.H.H.</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <i>Mary Madala</i>		18. ADDRESS <i>4031 Juney</i>		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Atherosclerosis</i>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <i>420.1</i>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19 <i>P</i> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:45 P.</i> m., from the causes and on the date stated above.					
22a. SIGNATURE <i>Patrick E. Jugh</i> (Degree or title)		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>1/19/56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Jan 20, 1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>National</i>	
23d. LOCATION (City, town, or county) (State) <i>Jefferson Barracks, Mo.</i>		23e. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i>		23f. ADDRESS <i>4031 Juney</i>	
DATE REC'D BY LOCAL REG. <i>JAN 19 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		23g. FUNERAL DIRECTOR'S SIGNATURE <i>C.B. Rouse</i>	
				ADDRESS <i>12217th Road</i>	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Milam B. Blackman*.....

Licensed Embalmer No. *3462*

P. O. Address *1271 N. 1st St.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.