XC # 395040
SL # 1422 FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25936
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6679

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes X No ☐	c. CITY OR TOWN ST. LOUIS — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. HOSP. — Length of stay in 1b 3 DAYS	d. STREET ADDRESS (If outside, give location) 3980 MERAMEC — Reside on Farm Yes ☐ No X

3.5 2/5

3. NAME OF DECEASED (Type or print)	First: GEORGE	Middle: FRANK	Last: BENDA
4. DATE OF DEATH	Month: 7	Day: 15	Year: 57
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 12-11-94
9. AGE (In years last birthday): 62	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SPRAYER	10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN	11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: FRANK BENDA		14. MOTHER'S MAIDEN NAME: MARY HRDLICKA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I		16. SOCIAL SECURITY NO.: 494-09-8698	17. INFORMANT: VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) METASTATIC CARCINOMA OF THE LUNG — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) PRIMARY CARCINOMA OF THE LEFT KIDNEY — UNKNOWN

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 180 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ VA	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 7-12-57 to 7-15-57 and last saw him alive on 7-15-57

Death occurred at 5:25 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leland H. Johnson (Degree or title) M. D.	22b. ADDRESS: VAH, ST. LOUIS, MISSOURI	22c. DATE SIGNED: 7-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 7/18/57	23c. NAME OF CEMETERY OR CREMATORY: St. Peter & Paul	23d. LOCATION (City, town, or county) (State): St. Louis, Mo
24. FUNERAL DIRECTOR: Edward Fendler	ADDRESS: 5611 South Grand Blvd.	25. DATE RECD. BY LOCAL REG.: JUL 17 '57	26. REGISTRAR'S SIGNATURE: Paul Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Section 193.255, RSMo 1949, Standard Nomenclature in Part I. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 38

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.