

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015527  
State File No.

FILED MAY 12 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4350

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Olivette	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>32</u> St. Luke's Hospital		e. STREET ADDRESS (If rural, give location) <u>27</u> 926 Dielman Rd.	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle)	
c. (Last) BENDER		4. DATE OF DEATH (Month) (Day) (Year) April 19, 1958	
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced <u>3</u>	8. DATE OF BIRTH June 27, 1876
9. AGE (In years last birthday) 81	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Matthew Bender		13b. MOTHER'S MAIDEN NAME Elizabeth Muehlhauser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Matthew Saleeby		ADDRESS 926 Dielman, Olivette	
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>Tuberculosis Coelitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Year</u>  ANTECEDENT CAUSES Morbld 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. <u>572.2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>3/25/58</u> , 19 <u>58</u> , to <u>4/19</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4/15</u> , 19 <u>58</u> , and that death occurred at <u>5:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Sam F. Beam</u>		23b. ADDRESS <u>35 N. Central - St. Louis</u>	
23c. DATE SIGNED <u>4/21/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>4/23/58</u>	
24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. <u>APR 22 58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. ...</u>		ADDRESS <u>...</u>	

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 *Thomas J. Wyland Jr.* .....  
Licensed Embalmer No. *4512* .....  
P. O. Address *K. Schubert* .....

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.