

FEDERAL BUREAU OF INVESTIGATION  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 5 2 3 0

FILED VS DEC 3 0 1959

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **211121**

|   |  |   |  |   |  |   |   |                                    |  |
|---|--|---|--|---|--|---|---|------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |  |   |   |                                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |  | Length of stay in 1b<br><b>2 Days</b>   |  | c. CITY OR TOWN <b>Lemay</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |                                    |  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>628 Sappington Barracks Rd</b> |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                    |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Magdalena</b> Middle <b>--</b> Last <b>Bender</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>30</b> Year <b>1959</b>  |  |   |   |                                    |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Aug. 27, 1874</b>  | 9. AGE (last birthday)<br><b>85</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____  |                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>                                 |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>                |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U S A</b>   |                                    |  |
| 13a. FATHER'S NAME<br><b>George Miller</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Raab</b>  |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Otto</b>  |   |                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b>NONE</b>   |   | 17. INFORMANT<br>Address<br><b>Bertha Bender Allen 632 Sappington Bks Rd</b>       |   |   |                                    |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Ac Oil of Heart</b><br>DUE TO (b) <b>Chronic cardi. vascular renal disease</b><br>DUE TO (c) <b>442x</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1/2 hour</b>                                   |                                    |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |                                    |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |   |   |                                    |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |  |   |  |   |  |   |   |                                    |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input type="checkbox"/>   |  | 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 <b>11-29-59</b> to <b>11-30-59</b> and last saw her/him alive on <b>11-30-59</b><br>Death occurred at <b>8:45 a.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |  |   |   |                                    |  |
| 22a. SIGNATURE<br><i>Lucretia M.D.</i><br>(Degree or title)   |  |   |  | 22b. ADDRESS<br><i>752 Lewis Ferry Rd</i>   |  |   |   | 22c. DATE SIGNED<br><b>12.1.59</b> |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 23b. DATE<br><b>Dec. 2, 1959</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>New St. Johns Cemetery</b>                  |   | 23d. LOCATION (City, town, or county)<br><b>Mehlville, Mo.</b>                     |   |   | (State)                            |  |
| 24. FUNERAL DIRECTOR<br><b>C. Hornmeister Mortuaries</b><br>ADDRESS<br><b>7814 S. Broadway</b>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 1 1959</b>   |  | 26. REGISTRAR'S SIGNATURE<br><i>Loar Smith. M.D.</i>  |   |                                    |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*Louis C. Hoffmeister*

Licensed Embalmer No. 3891

P. O. Address 7814 S. Broad

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.