S. No. 2
M—5-42
. 5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 1 1942 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 28527

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 7842

1. PLACE OF DEATH:
(a) County ____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4401 North Florissant Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
000 12 10 9
(a) State Missouri (b) County ____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4401 North Florissant Ave
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Bendorf
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arnold Bendorf
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased May 18, 1871 (Month) (Day) (Year)

8. AGE: Years 71 | Months 4 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation At home
11. Industry or business ____

MOTHER FATHER
12. Name Adam Loeffel
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
14. Maiden name Not known
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Arnold Bendorf
(b) Address 4401 North Florissant Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 8161 East Fair Ave
19. (a) SEP 26 1942 (Date received local reg.) 20 1942 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 19th. year 1942 hour 4:10 AM minute ____ M.
21. I hereby certify that I attended the deceased from April 19, 1942 to Sept. 18th 19 42 that I last saw h____ alive on ____ 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ Means of injury ____
23. Signature Math Hermann (M. D. or other) MD
Address 538 N Kingshighway Date signed 9-19-42

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fallure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.