

OCT 2 1927

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

25377

1. PLACE OF DEATH

County St. Louis  
Township Central  
City Overland

Registration District No. 789  
Primary Registration District No. 6033B  
(No. Cleveland Hoop)

File No. ....  
Registered No. 903  
St. .... Ward)

2. FULL NAME

Charles Bennett, Sr.

(a) Residence. No. 1627 Ludwig Ave. St. Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

V MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Bell D. Bennett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19-1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 10 12 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter (retired)  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) New York City  
New York

10. NAME OF FATHER Garrett Bennett

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Buffalo  
New York

12. MAIDEN NAME OF MOTHER Nancy Von Wasch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) New York

14. INFORMANT Mrs. Bell Bennett  
(Address) 1627 Ludwig Ave

15. FILED 8/ 1927 Wesley M. D. REGISTRAR  
2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1927

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1927, to Aug 2, 1927.  
The last saw him alive on Aug 2, 1927, and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Fracture - accidental,  
automobile.  
VIOM  
10 10 27 (duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY) Arteriosclerosis  
(duration) yrs. mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physic + chemis findngs  
(Signed) John E. Conwell, M. D.

(Address) Overland Mo.  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Lake Charles Cemetery 8-4 1927

20. UNDERTAKER ADDRESS

Les. L. Pleutsch 5966 Easton

O.K. Jones H.B. - pg. - brown

10/11/1964

200-7200

11/11

11/11

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis  
Towship Central  
City..... (No.....)..... St. .... Ward)

Registration District No. 789  
Primary Registration District No. 6033 B

File No. ....  
Registered No. 203

**2. FULL NAME**

Charles Bennett Jr

(a) Residence. No. .... St., .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M W M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 8/13 1927 Arlea Gray REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1927

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19..... that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arteria accidental automobile at Overland St. Louis Mo.  
..... (duration) yrs. mos. da.  
CONTRIBUTORY broncho pneumonia (SECONDARY) ..... (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.

, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

REG. REC. F. V. STATISTICS UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-25377