MAR 21 1928

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

Do not use this space.

6077

1. PLACE OF DEATH
County: St Charles — Registration District No.: 757 — File No.:
Township: " — Primary Registration District No.: 3086 — Registered No.: 21
City: " " (No. 1114 Hall St. St. 1st Ward)

2. FULL NAME: Bernadine Benskin
(a) Residence. No. 1114 Hall St., 1st Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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: Henry E. Benskin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-18-1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
59	10	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house wife
(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): Bocholt, Germany

PARENTS
10. NAME OF FATHER: Hy. Schluemer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bocholt Germany
12. MAIDEN NAME OF MOTHER: Agnes Tetlo
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: A. J. Benskin
(Address) 1114 Hall St. St Charles Mo.

15. FILED 1-17, 1928 Otto Bockemeier, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 14 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1928, to Feb 14th, 1928, that I last saw her alive on Feb 14th, 1928, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of stomach
(duration) Dyt Knowed yrs. mos. ds.

CONTRIBUTORY (SECONDARY): —
(duration) yrs. mos. ds.

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. L. Currier, M. D
, 19 (Address) St Charles 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: German Catholic Cemetery — DATE OF BURIAL: 2/17 1928

20. UNDERTAKER: Steinbrinker Furn. Co. — ADDRESS: St. Charles, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.