WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

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

Do not use this space.

7252

1. PLACE OF DEATH

County..... Registration District No. '91 File No.....

Township..... Primary Registration District No. 3 Registered No. 2233

City St Louis (No. Mo-Pac Tracks + 21st Bridge Ward)

2. FULL NAME Alexander C Bennie

(a) Residence. No. 4868 Fountain ave. St., 12 Ward.
(Usual place of abode) Fountain ave (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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: Husband of Ruth Bennie

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 1 1897

7. AGE: Years 31 | Months 0 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Switchman
(b) General nature of industry, business, or establishment in which employed (or employer): Switching
(c) Name of employer: Missouri Pacific Ry

9. BIRTHPLACE (CITY OR TOWN): Tibbetts
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: A. C. Bennie
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tibbetts
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: May Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Louisiana
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs Ruth Bennie
(Address) 951 Belt ave.

15. FILED 28 1928, 19.... Mae C Starkloff, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
From shock and injuries (traumatic amputation of both limbs) received while he was releasing brake on top of a box car, when he was struck by the beam of the 21st str. viaduct knocking him to the tracks where 4 cars ran over him

CONTRIBUTORY (SECONDARY): Accident 2 hrs. (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) J. W. Kerner, M.D.
2/28, 1928 (Address) Deputy Coro

*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: Tibbetts Mo
DATE OF BURIAL: 2/29 1928

20. UNDERTAKER: McLaughlin
ADDRESS: 1631 Missouri