1019 1928

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

Do not use this space.

18350

1. PLACE OF DEATH

County: St Louis — Registration District No.: 789 — File No.:

Township: Central — Primary Registration District No.: 6 3 3 8 — Registered No.: 158

City: St Louis (No. 9100, St. Charles R.R. St. Ward)

2. FULL NAME Jesse O. Benson

(a) Residence (Usual place of abode) No. 9100 St Charles R.R. St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2 - 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): (retired)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Eph. Benson

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

12. MAIDEN NAME OF MOTHER Dora Farrar

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

14. INFORMANT Mrs O. J. Forgash (Address) 9100 St Charles R.R.

15. FILED 5/19, 1928 Nella Drury, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1928

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 18, 1928, that I last saw him alive on May 18, 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma (intestinal)

(duration) 1½ 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? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Carl C. Otterbach, M.D.

May 19, 1928 (Address) 1509 Brenner W. St. Louis

*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
Beardstown Ill.	5-19 1928
20. UNDERTAKER	**ADDRESS**
Geo L Pleitsch	5966 Easton Ave

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.

1507 Bremer [illegible]

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