WHITE PAPER, 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.

31717

1. PLACE OF DEATH

County ..... Registration District No. 781 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8956

City St Louis (No. Missouri Baptist Sanitarium St. ..... Ward)

2. FULL NAME Charles W. Benz

(a) Residence. No. 3314 Wyoming St., 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2 - 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	8	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe Cutter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Johansen Bros Shoe Co

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Charles Benz

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Matilda Benz
(Address) 3314 Wyoming St

15. FILED SEP -6 1928 Max C Starkloff
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1928, to Sept 4, 1928, that I last saw him alive on Sept 4, 1928, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Perforated Duodenal Ulcer
1116
1129
1181
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Generalized Peritonitis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 3-28
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) Edward Pitt, M. D
Sept 6, 1928 (Address) 3772 So Bdway

*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
S.S. Peter Paul	9/7 1928
20. UNDERTAKER	**ADDRESS**
Wacker-Helderle	2331 S Bdway