

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

Do not use this space.

8163

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 1821

City St. Louis, Mo. (No. 2909)

St. City Ward 1

**2. FULL NAME**

William Stanley Bennett

(a) Residence. No. 2919 S. Broadway St. 26 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>58</u>	<u>2</u>	<u>27</u>		

**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).  
(c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Mary Howard

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

14. INFORMANT (Address) Joseph Howard 2572 Howard

15. FILED 1929 REGISTRAR W. C. Starnes

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1929

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 1159 A.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
936  
W.M.A.

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

18. WHERE DISEASE CONTRACTED (duration) yrs. mos. ds.

8. IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. Kermer

2/6, 1929 (Address) Dep. Cora

\*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 St. 8 - 1929

20. UNDERTAKER ADDRESS J. J. Quinn 1582 A. G. St.

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

60  
2  
2  
2

