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

Do not use this space.

26429

1. PLACE OF DEATH
County: St Louis
Township:
City: (No. Jennah Hosp St. Ward)
Registration District No. 791 1003
Primary Registration District No.
File No.
Registered No. 684

2. FULL NAME Beverly Elaine Beneach
(a) Residence. No. 5905 Etzel St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25 1929
7. AGE: YEARS | MONTHS | DAYS 29 | If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Aaron Beneach
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
12. MAIDEN NAME OF MOTHER Fanny Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

14. INFORMANT A. Beneach mot
(Address) 5905 Etzel
15. FILED 7 25 1929 Lucile Barkley REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/24 1929
17. I HEREBY CERTIFY, That I attended deceased from 6-25, 1929, to 7-24, 1929, that I last saw h. alive on Jul 14 24 1929 and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Prematurity
2. Bilateral Mastoidilis
89B
159 (duration) yrs. mos. 30 ds.
CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 17, 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O R Graf, M. D.
7/24, 1929 (Address) Jewish Hosp

*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 New Mt. Sinai | DATE OF BURIAL 7/25 1929
20. UNDERTAKER L. A. Berger | ADDRESS 4715 McPherson

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.