

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

Do not use this space.

10358

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. St. Mary Inf.)

File No.
Registered No. 2337
St. Ward)

2. FULL NAME

(Amner Benning) Amner Benning

(a) Residence. No. 6229 Columbia St. 3 Ward.

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 76

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Practical Nurse
(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) MO Banning

10. NAME OF FATHER Unknown (Benning)

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT L. M. Van Courten
(Address) 6229 Columbia

15. FILED May 6 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-2-30 to 3-6-30 1930 that I last saw him alive on 3-6-30 1930 and that death occurred, on the date stated above, at 12:25 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 lobar pneumonia (bleeding)
(duration) 8 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? H. & E. findings
(Signed) Set Sage M. D.

3-6-30 (Address) 1-5-36 809 1/2 St.

*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 Brookfield Mo DATE OF BURIAL 3/8 1930

20. UNDERTAKER M. Z. Rusk. ADDRESS Brookfield Mo

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.

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