

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

Do not use this space.

17974

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No.

Registered No. 5123

St. Ward)

2. FULL NAME

Benjamin Benhoff

(a) Residence. No. 1176 St. James St. 26 Ward.

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stat Engineer
(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) St. Louis Missouri

10. NAME OF FATHER Casper Benhoff

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Edgar (Address) City Hospital

15. MAY 26 1930 FILED 19 Max C. Stancin REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3 1930, to May 24 1930 that I last saw him alive on May 24, 1930 and that death occurred, on the date stated above, at City Hospital.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
9 3/4 (duration) yrs. mos. ds.
11 0/6 Neural Effusion
CONTRIBUTORY (SECONDARY) Left (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 906 1126 St. Louis

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? x-ray
(Signed) Ray Margolis M. D.

St. Louis 1930 (Address) City Hospital

*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 Calvary DATE OF BURIAL May 26 1930

20. UNDERTAKER Math Hermann & Son 2161 E. Park ADDRESS St. Louis

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.

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Buchhoff

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