

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.

NOV 3 1930

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

Do not use this space.

31051

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Carmel Primary Registration District No. 6348 B File No. _____
 City _____ (No. Telegraph & Broadway Rd.) Registered No. 297
 _____ St. _____ Ward _____
 2. FULL NAME Edward Benack
 (a) Residence. No. _____ St. _____ Ward Oakville, Mo.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louisa Benack</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 21 1848</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>5</u>
		<u>12</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Retired</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>		
PARENTS	10. NAME OF FATHER <u>Wilhelm Benack</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>	
14. INFORMANT <u>George Benack</u> (Address) <u>Oakville Mo.</u>		
15. FILED <u>9-3-30</u> L. C. Obrock REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 19 30
 17. I HEREBY CERTIFY, That I attended deceased from July 30 19 29 to Sept 2 19 30
 that I last saw him alive on Sept 1 19 30, and that death occurred, on the date stated above, at 1:10a. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
 (duration) has been yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Samuel _____ M. D.
 _____ 19 _____ (Address) pph trucks mo
 *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 St. Pauls Oakville Mo DATE OF BURIAL 9/5 19 30
 20. UNDERTAKER C. Hoffmeister 208 1/2 Broadway ADDRESS _____

