

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

Do not use this space.

31308

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. De Paul Hospital)

File No.....  
Registered No. **8908**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 7260 Princeton St. 6 Ward. University City, Mo  
(Usual place of abode) (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 <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>Laurie Bensing</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 22 1853</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>8</u>	DAYS <u>18</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Wagon Maker</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Retired</u> (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from August 11, 1930, to September 10, 1930, that I last saw him alive on September 10, 1930, and that death occurred, on the date stated above, at 2:05 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Spleen, with carcinomatosis of the lungs.  
53 F  
47 B (duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis  
73 C (duration) ? yrs. ? mos. ? ds.

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

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

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical, X-ray and Autopsy  
(Signed) Arthur J de May, M. D.  
9/10, 1930 (Address) 4046 N. Grand Blvd.

\*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 <u>Dwensboro, Ky.</u>	DATE OF BURIAL <u>Sept. 11, 1930</u>
20. UNDERTAKER <u>Drehmann &amp; Parol</u>	ADDRESS <u>1905 Union</u>

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

10. NAME OF FATHER..... Unknown

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

12. MAIDEN NAME OF MOTHER..... Unknown

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

14. INFORMANT..... Ored W Bensing  
(Address) 7260 Princeton Ave

15. FILED SEP 12 1930 Max C Stanley REGISTRAR

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Grand Forest

7-8

1884