

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

Do not use this space.

31503

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis

(No. 4639 Alexander Street)

File No. ....

Registered No. **9111**

St. .... Ward)

**2. FULL NAME** George H. Benner

(a) Residence. No. 4639 Alexander Street, 15 Ward.

(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 **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 Alice Benner.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1874.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 2 11.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin Co. Mo. (STATE OR COUNTRY)

10. NAME OF FATHER George Benner.

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

12. MAIDEN NAME OF MOTHER Wilhelmina Ade.

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

14. INFORMANT Geo H Benner (Address) 4639 Alexander St

15. FILED SEP 22 1930 Wm C. Parker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1930 to Sept 19, 1930 that I last saw him alive on Sept 19, 1930 and that death occurred, on the date stated above, at 11 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis

930

(duration) yrs. 1 mos. — ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma  
Non Tubercular (duration) 1 yrs. — mos. — ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH 903

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) Wm C Parker, M. D.

Sept 20, 1930 (Address) 5005a Goodwin

\*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 Cemetery. DATE OF BURIAL Sept. 22, 30.

20. UNDERTAKER J. N. Gebken L & Co. ADDRESS 8842 Meramec.

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.

