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

Do not use this space.

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791

15756

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 15756

Township ..... Primary Registration District No. ..... Registered No. 4204

City St Louis Mo (No. 5036 Grace Ave St. ..... Ward)

2. FULL NAME Charles Benck

(a) Residence. No. ..... St., 15 Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22th 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	8	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chipping Clerk 314
(b) General nature of industry, business, or establishment in which employed (or employer) Butcher Bros
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 1

PARENTS

10. NAME OF FATHER Claus Benck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

12. MAIDEN NAME OF MOTHER Johanna Bollhoefner

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

14. INFORMANT Mrs. Chas. Benck.
(Address) 5036 Grace Ave

15. FILED APR -6 1931 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5th 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1931, to Apr 5, 1931 that I last saw him alive on Apr 5, 1931, and that death occurred, on the date stated above, at 3 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A (duration) ..... yrs. ..... mos. 12 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Dont know
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) Otto Lieb, M. D.
, 19 (Address) 3608 S Grand.

*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	DATE OF BURIAL
St Peter & Pauls C.	April 8th 1931
20. UNDERTAKER	ADDRESS
J H Gebken L & U. Co.	2628 Gravois Ave

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.