

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

Do not use this space.

9808

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City \_\_\_\_\_ (No. 7118 Hunter Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Minnie Benschick  
 (a) Residence, No. 7118 Hunter Ave. St. Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. — mos. — ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>3</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Fredrick Benschick

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Thie Kamp

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Germany

17. INFORMANT Carl Benschick (ADDRESS) 7118 Hunter Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Bethlehem, DATE March 28, 1932

19. UNDERTAKER Quedmen & Gopp (ADDRESS) 13934 W. 20 St.

20. FILED March 28, 1932 Emma J. Harris Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932, to March 26, 1932  
 I last saw her alive on March 26, 1932. Death is said to have occurred on the date stated above, at 7:29 a.m.  
 The principal cause of death and related causes of importance were as follows:  
apoplexy cerebral  
arteriosclerosis  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset 3-24-32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Frank J. Mills M. D.  
 (Address) 3500 N. Grand St.

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.

APR 29 1932

