

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

Do not use this space.

10211

1. PLACE OF DEATH

County..... Registration District No. 705
 Township..... St. Louis Primary Registration District No. 1000 File No. 2230
 City..... St. Louis (No. St. Lukes Hospital) St. _____ Ward)

2. FULL NAME

Leonard Benoist
 (a) Residence. No. 36 S. Louis Boulevard 12 (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred - yrs. - mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruby T. Benoist

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5, 1882

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
49 | 8 | 1

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

9. BIRTHPLACE (CITY OR TOWN) Floissant Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Michael Benoist

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

12. MAIDEN NAME OF MOTHER Julia Deverger

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

14. INFORMANT Ruby T. Benoist
 (Address) Floissant Mo.

15. FILED 8 19 May 17 Max C. Hardin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/6 1932

17. I HEREBY CERTIFY, That I attended deceased from 3/4/32 to 3-6-32 that I last saw him alive on 3/4, 1932, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured appendix
Peritonitis
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WHAT TEST CONFIRMED DIAGNOSIS? peritonitis
 (Signed) W. Z. Howard, M. D.
 (Address) 3720 Washington

*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. Ferdinand Cem. DATE OF BURIAL Mar 10 1932

20. UNDERTAKER Chas. J. Stuart ADDRESS 1225

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.

