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

Do not use this space.

33456

File No.
Registered No.

1. PLACE OF DEATH
County: St Louis — Registration District No.: 190
Township: Central — Primary Registration District No.: 6003
City: Clayton (No. St Louis Co Hosp St. Ward)

2. FULL NAME: Anna B Benck

(a) Residence, No. Affton Mo St., Ward.
(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.

NOV 28 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 30 - 1911

7. AGE: Years 20 — Months 11 — Days 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: 244
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Affton Mo

FATHER
13. NAME: Geo Benck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER
15. MAIDEN NAME: Anna Kirkhofer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Geo B Benck Affton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Louis Ch yard DATE: Oct 22 1932

19. UNDERTAKER (ADDRESS): John J Bugenhein & Sons 7027 Kingsland Ave

20. FILED Oct 22 1932 R W Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/28/32 1932, to 10/19 1932
I last saw him alive on 10/19 1932. Death is said to have occurred on the date stated above, at 7:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	9/28/32
Multiple Abscesses of liver	10/10/32
Other contributory causes of importance:	
Gangrenous Appendicitis	9/25/32

Name of operation: Appendectomy Date of: 9/28/32
What test confirmed diagnosis? Clinical Was there an autopsy? yes.

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?
If so, specify

(Signed) B. C. Korzeski, M. D.
(Address) St. Louis Co. Hosp.

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.