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

Do not use this space.

File No. 41376
Registered No.

1. PLACE OF DEATH
County St. Louis
Township St. Ferdinand
City St. Louis (No. 5537 Hamilton St. Ward)
Registration District No. 784
Primary Registration District No. 6030

2. FULL NAME Mrs. Mary Benson
(a) Residence. No. 5537 Hamilton 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert Benson
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 13, 1854
7. AGE: Years 77 Months 11 Days 29 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis
PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
14. INFORMANT: Mrs. H. U. Leake
(Address): 5537 Hamilton
15. FILED Jan 2, 1933 E. J. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 12, 1932
17. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1931, to Dec. 12, 1932, that I last saw h. alive on Dec. 12, 1932, and that death occurred, on the date stated above, at 6:30 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Cardio-Vascular-Renal disease — Chr. Hypertension (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) La Grippe - Bronchitis acute (duration) yrs. mos. 4 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John B. Quinn, M. D.
12/12/, 1932 (Address) 3718 Jennings Rd.

*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 Cem. DATE OF BURIAL: Dec 15, 1932
20. UNDERTAKER: A. J. Donnelly Und. ADDRESS: 2039 Wash St.

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.

WRITE FIRMLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD