

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

Do not use this space.

18210

**1. PLACE OF DEATH**

County..... Registration District No. 703  
Township..... Primary Registration District No. ....  
City St. Louis (No. ...., ..... Ward)

File No. ....  
Registered No. 4418 ..... St. .... Ward)

**2. FULL NAME**

Edmira Bennett  
(a) Residence, No. 2013 Division St., 21 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 Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Bennett  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
OCCUPATION

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

MOTHER FATHER 13. NAME Ben Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Edith Howard (ADDRESS) 2013 Division St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Keller's Mo. DATE 5/25/1933

19. UNDERTAKER (ADDRESS) People's Undertaking Co. 3160 Franklin Ave.

20. FILED AY 21 1933 J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-15-1933 to 5-21-1933

I last saw her alive on 5-21-1933 Death is said

to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 4/10/33

87A J. W. W.

Other contributory causes of importance:

NONE

Name of operation NONE Date of .....  
What test confirmed diagnosis? CLINICAL 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) H. C. Hale, M. D.  
(Address) 2317 1/2 Franklin Ave.

St. Louis, Mo.

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.

2-81-53  
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