

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1022
City..... (No. Lutherian Hosp.) St. Ward)

File No. 21822
Registered No. 5631

2. FULL NAME

(a) Residence, No. 6712 Minnesota St. 1 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Bensch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 20-1882</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>8</u>	DAYS <u>5</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer - 124B</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>82A</u>	
	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) <u>Austria Hungary</u>		
FATHER	13. NAME <u>Fred Bensch</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria Hungary</u>	
MOTHER	15. MAIDEN NAME <u>Eva Rodsman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria Hungary</u>	
17. INFORMANT <u>Anna Bensch</u> (ADDRESS) <u>6712 Minnesota</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John's Bur. Cem.</u> DATE <u>Jan 27</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. P. Finkler, Jr.</u> <u>7012 Michigan Ave</u>		
20. FILED <u>UV</u> <u>20</u> 19 <u>33</u> <u>J. J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:
Apoplexy, cirrhosis of Liver
Date of onset

Other contributory causes of importance: 174

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) J. J. Bredeck (Address) St. John's Bur. Cem.

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.

237
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J. J. Bredeck
6/26/33

