

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.

MAR 24-1934

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

Do not use this space.

PLACE OF DEATH

County.....

Registration District No. 790

1003

File No. 7073

Township.....

Primary Registration District No.

Registered No. 1953

City St. Louis (No. City Hosp #1)

St. Ward

2. FULL NAME

Alfred Benjamin

(a) Residence, No. 29412 Date City Ward.

(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 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22, 1934

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

22. I HEREBY CERTIFY. That I attended deceased from 2/21, 1934, to 2/22, 1934. I last saw him alive on 2/22, 1934. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1848

to have occurred on the date stated above, at 12:20 p.m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 45 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

chr. myocarditis chr. nephritis

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

Other contributory causes of importance: Chronic hypertrophy of prostate

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrington, Ohio

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hosp Inf M Heat (ADDRESS) City, Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla, N.Y. Feb 24, 1934

19. UNDERTAKER (ADDRESS) Geo. Hertschone 5966 Eastman Ave

20. FILED FEB 24 1934 J. F. Bredeck Registrar.

Name of operation None Date of

What test confirmed diagnosis? None 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. F. Bredeck, M. D.

(Address) City, Hosp #1

