

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.

APR 25 1934

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

Do not use this space.

10468

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. De Paul Hospital) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

John M. Bennett
(a) Residence, No. 5605 Etzel 2 St. 5 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29th 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 3 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

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

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

13. NAME Harry Bennett

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

15. MAIDEN NAME Ethel Rice

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

17. INFORMANT Ethel Rice Bennett
(ADDRESS) 5605 Etzel 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chalmers DATE Mar 6 1934

19. UNDERTAKER Arthur J. Donnelly & Co
(ADDRESS) 8840 Lindbergh

20. FILED J. J. Brodeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934, to March 4, 1934
I last saw him alive on March 3, 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia Date of onset 2-28-34

Other contributory causes of importance: Acute dilatation of heart 3-3-34

Name of operation Date of
What test confirmed diagnosis? Claudin 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) J. W. Maudsall, M. D.
(Address) 5394 Grand

Mr Macdonald

H. Allen Co

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