

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.

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. 791  
 Township \_\_\_\_\_ Primary Registration District No. 1003  
 City St. Louis, Mo. (No. 819 Chambers St.)

File No. 10573  
 Registered No. 2389  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 97 yrs. 4 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</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 (OR) WIFE OF <u>Wm. P. Benedict</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29 1885</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>7</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1934  
 I HEREBY CERTIFY That I attended deceased from March 1st 1934 to March 5th 1934.  
 I last saw h. w. alive on March 5 1934. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset \_\_\_\_\_  
930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Chas. Harrell M. D.  
 (Address) 2705 N. 14th St.  
Harrell

OCCUPATION FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>E. St. Louis Ill.</u>
13. NAME <u>Edward G. Goro</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Mo.</u>
15. MAIDEN NAME <u>Unkerson</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
17. INFORMANT <u>Wm. P. Benedict</u> (ADDRESS) <u>Cassville Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethlehem Cem.</u> DATE <u>March 10, 1934</u>
19. UNDERTAKER (ADDRESS) <u>Barguesch Sons Co.</u> <u>3667 Washington 138</u>
20. FILED _____ 19____ <u>J. T. Bredeck</u> Registrar.

