MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

File No. 21966

Registered No. 5715

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County —

Township —

City ST Louis (No. ST Anthony's Hosp 3500 Chippewa St. Ward)

2. FULL NAME Florence Benes

(a) Residence, No. 4069 PARKER St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 8 mos. 29 ds. How long in U. S., if of foreign birth? 11 yrs. 8 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8th 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	11	8	29	—

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grade school

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) St Louis Mo

FATHER

13. NAME Jordian Edv Benes

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

MOTHER

15. MAIDEN NAME Clara Groll

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

17. INFORMANT (ADDRESS) Father 4069 Parker

18. BURIAL, CREMATION, OR REMOVAL
PLACE New S.S. Peter & Paul DATE June 9 1934

19. UNDERTAKER (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa Str.

20. FILED JUN 8 1934 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934, to June 6, 1934

I last saw her alive on June 5, 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

	Date of onset
Mastoiditis	4/23/34
Brain abscess.	
Lateral sinus thrombosis	

Other contributory causes of importance:
Admitted at Jewish Hosp. 9-
received 11 0 15
Ligated lateral sinus June 2.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 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) James M. Smith, M. D.
(Address) 306 Humboldt Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1000-11-24-33