

JUN 12 1935

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 (No. 21145)

City St. Louis (No. 21145)

File No. 17805
4115

Registered No.

2. FULL NAME

Walter Benquitz

(a) Residence, No. 1913 W. Allen St. 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Jan 8 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 3 27

OCCUPATION

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

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) Agoston

13. NAME W. Benquitz

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

15. MAIDEN NAME Theresa Thompson

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

17. INFORMANT Wm. C. Maydell (ADDRESS) 1926 W. Allen St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE May 7 35

19. UNDERTAKER Wm. C. Maydell (ADDRESS) 1926 W. Allen St.

20. FILED MAY - 7 1935 W. Benquitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/25 1935 to 5/5 1935

I last saw him alive on 5/5 1935. Death is said

to have occurred on the date stated above, at 5:00 a.m.

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

Date of onset

Pulmonary Tuberculosis
Other contributory causes of importance 23

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? N

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) W. H. Mc Cain M. D.

(Address) City St. Louis

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.

