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.

JUN 2 8 1935

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

Do not use this space.
18553

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 163
City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Peter Benson
(a) Residence, No. 1709 Monroe St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

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) August 14, 1892

7. AGE: Years 42 — Months 8 — Days 18 — If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER
13. NAME Peter Benson
14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary O'Brien
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT W. C. Gibson, M.D. (ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE May 6, 1935

19. UNDERTAKER Cullinane Bros (ADDRESS) 1710 N Grand

20. FILED May 3, 1935 E. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935, to May 2, 1935
I last saw him alive on May 2, 1935 Death is said to have occurred on the date stated above, at 3:40 P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic	Unkn.
Far Advanced.	
Erysipelas of face.	

Other contributory causes of importance:
None

Name of operation None Date of —
What test confirmed diagnosis? Physical exam., clinical manifestations and lab. findings. 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?
If so, specify
(Signed) W. C. Gibson, M.D. Attended. Office
(Address) Vet. Adm. Facility, Jeff. Brks., Mo.