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.

AUG 23 1935

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

Do not use this space.

25232

1. PLACE OF DEATH
County St Louis
Township Central
City St. Louis, Mo. (No. St. Marys Hospital St. 146 Ward)

Registration District No. 1170
Primary Registration District No. 6248H

File No.
Registered No. ~~146~~

2. FULL NAME Mrs. Anna Bening
(a) Residence, No. 2332a S. 11th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4, 1874

7. AGE: YEARS 61 MONTHS 6 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Louis, Missouri

FATHER
13. NAME William Moegle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Kate Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlisle, Illinois

17. INFORMANT (ADDRESS) Arthur Bening 2332a S. 11th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cemetery DATE July 13, 1935

19. UNDERTAKER (ADDRESS) Beiderwieden 1936 St. Louis Ave.

20. FILED July 13 1935 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1935 to July 10, 1935
I last saw h[illegible] alive on July 10, 1935. Death is said to have occurred on the date stated above, at 9:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	
Obstruction of common duct	

Other contributory causes of importance:
Operation - Cardiac failure
Name of operation Cholecystostomy Date of July 7
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? 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) [illegible], M. D.
(Address) [illegible]

Je 4536 Univ [illegible]
3:30-5^{00}