

SEP 25 1935

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

Do not use this space.

27511

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Normandy Central Primary Registration District No. 6033
City Carsonsville (No. 8642 Natural Bridge Rd)

File No. _____
Registered No. 201
St. _____ Ward _____

2. FULL NAME

Benjamin T. Benaist
(a) Residence, No. 3719 Werder Dr St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 (with the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Pearl Benaist
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
64 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
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) Florrisant MO

MOTHER FATHER 13. NAME Michael Benaist
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florrisant MO

MOTHER 15. MAIDEN NAME Julia Pennerger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florrisant MO

17. INFORMANT Mrs. Pearl Benaist
(ADDRESS) 3719 Werder Dr

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Ferdinand DATE Aug 12 1935

19. UNDERTAKER (ADDRESS) L. B. Tanner
6107 Natural Bridge Rd20. FILED 8-10-35 1935 H. B. Boehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/8/1935 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1:45 PM

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

Chr. myocarditis, chr. arterio-sclerosis, and chr. hypertension. Habitual tobacco user, causing tobacco heart. Date of onset 3/10

Other contributory causes of importance: History:
While painting the side of house, in the extreme heat and sun, without question developed heat stroke

Name of operation Over Date of _____
What test confirmed diagnosis? Coroner's view 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 Yes 8/9/35

(Signed) Luke B. Tanner M. D.
(Address) 3718 Jennings Rd,
Coronado, Mo., Mo.

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.

which caused acute cardiac dilatation.
Patient died before could receive medical
attention.