

NOV 7 1935

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

Do not use this space.
37325
File No. _____
Registered No. 9278
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 1003
Township _____ City Registration District No. _____
City *St. Louis* (No. *City of St. Louis*)

2. FULL NAME

Samuel C. Benner
(a) Residence, No. *3658 Grand Square* 19 *Ward*.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Wh</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 31, 1894</i>		
7. AGE	YEARS	MONTHS
<i>38</i>	<i>41</i>	<i>5</i>
		DAYS
		<i>1</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Circular Distributor</i>		
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) <i>Pennsylvania</i>		
13. NAME <i>Samuel C. Benner</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
15. MAIDEN NAME <i>Alice Mackuel</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
17. INFORMANT <i>E. J. Courath</i> (ADDRESS) <i>94th St. Suite 21</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Pk.</i> DATE <i>Nov. 4th 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Chas. J. Stewart</i> <i>1225 Union Blvd.</i>		
20. FILED <i>Nov 11 1935</i> 19 <i>J. T. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at *11:45 PM*.

The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset _____

Other contributory causes of importance: *23*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *La. Motcher*, M. D.
(Address) *City Hospital*
St. Louis, Mo.

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.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

2

REPORT OF INVESTIGATION
OF THE
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

100-100000

REPORT OF INVESTIGATION
OF THE
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

9278

9278