

DEC 12 1935

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

Do not use this space.

37855

1. PLACE OF DEATH

County New Pacific Hosp. Registration District No. 1003  
Township..... Primary Registration District No.....  
City St. Louis (No. Mo. Pacific Hospital St. .... Ward)

File No.....  
Registered No. 9832

2. FULL NAME

Benjamin Standing

(a) Residence, No. 4305 Lexington St., ..... 10. Ward. St. Louis Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Jane Benz Standing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 - 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
58 8 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinery  
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 Mo

13. NAME John Standing

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

15. MAIDEN NAME James Williams

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

17. INFORMANT (ADDRESS) Mrs Stella Standing  
4305 Lexington

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 25, 1935

19. UNDERTAKER (ADDRESS) A. Snow & Co  
2107 W. Grand St

20. FILED NOV 25 1935 19..... J. Bredeck  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23, 1935

22. I HEREBY CERTIFY that I attended deceased from Oct. 28, 1935, to Nov 23, 1935  
I last saw him alive on Nov 23, 1935 Death is said to have occurred on the date stated above, at 2:05 pm.  
The principal cause of death and related causes of importance were as follows:

Empyema of Gall  
Cholelithiasis  
Bladder  
Diabetes Mellitus  
Chronic Nephritis  
Other contributory causes of importance:  
Aneurysm  
Syphilis  
Chronic Myocarditis

Name of operation Exploratory Laparotomy Date of 11/14/35  
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) Frank H. Bane, M. D.  
(Address) Missouri Hospital

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.

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