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.

APR 11 1936

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

Do not use this space.

8607

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2315

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis Mo (No. St Louis Childrens Hospital St. ..... Ward)

2. FULL NAME Benning, Barbara

(a) Residence, No. 4658 Evans St., 11 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 26 1933

7. AGE: YEARS 3 MONTHS 1 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: Lee Benning
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

MOTHER
15. MAIDEN NAME: Mary Upton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): M. Rock 4165 Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Ken DATE Mar 2 1936

19. UNDERTAKER (ADDRESS): Edith E. Hunfruster 4234 Manchester Ave

20. FILED MAR 2 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1936, to Feb. 28, 1936
I last saw her alive on Feb 28, 1936 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
Septicemia, streptococcus	
Pneumonia, Bronchial:	
Mastoiditis	
Septicemia followed	
Mastoidectomy	

Other contributory causes of importance:
Septic thrombus.

107a

Name of operation Mastoidectomy Date of .....
What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) A R Eveloff, M. D.
(Address) 500 S Kingshighway