OCT 21 1936

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

Do not use this space.

35358

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township St Charles — Primary Registration District No. 3036 — Registered No. 162
City St Charles (No. 626, Monroe St St. 3rd Ward)

2. FULL NAME Wm H. Benne
(a) Residence, No. 626 Monroe St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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~~ Wilhelmina Bull

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 7th 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mar 1915
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles County, Mo

FATHER
13. NAME John F. Benne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover, Germany

MOTHER
15. MAIDEN NAME Clara Langenheder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover, Germany

17. INFORMANT (ADDRESS) Wm Benne Jr

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutheran Cemetery DATE Sept 13 1936

19. UNDERTAKER (ADDRESS) Hackmann Bane St Charles Mo

20. FILED 9/12 1936 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936, to Sept 10, 1936
I last saw h. alive on Sept 10, 1936. Death is said to have occurred on the date stated above, at 5.20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 1936

Other contributory causes of importance: General Arteriosclerosis 1920

Name of operation [illegible] Date of
What test confirmed diagnosis? Clinical Sec. 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? No
If so, specify
(Signed) [illegible], M. D.
(Address) St Charles 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.

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