

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

Do not use this space.

OCT 5 1936

**791
1003**

**35996
9619**

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City Saint Louis (No. 6030 Pershing Ave.) St. Ward)

2. FULL NAME George W. Bennett

(a) Residence, No. 6030 Pershing Ave., St. 5 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-3-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 - 8 15

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

FATHER
13. NAME Augustus Bennett

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

MOTHER
15. MAIDEN NAME Martha Lynn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Londonderry, Ireland

17. INFORMANT (ADDRESS) Earl A. Donk 7558 Byron Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park Date 9/21/36

19. UNDERTAKER (ADDRESS) Clayton Rd. at Concordia Lane.

20. FILED **SEP 21 1936** J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18, 19 36

22. I HEREBY CERTIFY, That I attended deceased from 9/18/36, 19 36

I last saw him alive on 9/18/36, 19 36. Death is said to have occurred on the date stated above, at 4:15 P.m.

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

Coronary Thrombosis Date of onset 9/18/36
Angina Pectoris

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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) Louis A. Gentry, M. D.
(Address) 2217 North Broadway.

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.

