

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **St. Mary's Infirmary**) St. Ward)

47152

File No.
Registered No. **183**

2. FULL NAME **Bert Benton, Jr.**

(a) Residence, No. **3223 Bell** St. **21** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. **8** 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 Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Minor
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1935		
7. AGE	YEARS	MONTHS
	1	3
		14
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		
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) **Shreveport**
(STATE OR COUNTRY) **La.**

13. NAME **Bert Benton**

14. BIRTHPLACE (CITY OR TOWN) **Willspoint**
(STATE OR COUNTRY) **Texas**

15. MAIDEN NAME **Ruth Stevenson**

16. BIRTHPLACE (CITY OR TOWN) **Shreveport**
(STATE OR COUNTRY) **La.**

17. INFORMANT **Bert Benton**
(ADDRESS) **3223 Bell Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington Park** DATE **Jan 1st 1937**

19. UNDERTAKER **J.S. L. Handle & Son**
(ADDRESS) **920 No. Leonard Ave**

20. FILED **JAN 5 1937** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 31, 1936**

22. I HEREBY CERTIFY That I attended deceased from **Dec. 7, 1936** to **Dec. 31, 1936**

I last saw him alive on **Dec. 31, 1936** Death is said to have occurred on the date stated above, at **3:55A. m.**

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance: **108**

Name of operation Date of

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 **MSS Boston**, M. D.

(Signed) **St. Mary's Infirmary**
(Address) **St. Mary's Infirmary**

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

96
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