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.

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

Do not use this space.

JUN 12 1937

Registration District No. 791
Primary Registration District No. 1003

File No. 18098
Registered No. 4674

1. PLACE OF DEATH
County
Township
City St. Louis (No. City Hospital No.1 St. Ward)

C 0355

2. FULL NAME Fred Bensing

(a) Residence, No. 3243 South Jefferson 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1872

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Nicholas Bensing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Eckert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hosp. Info. M.H. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann Mo. DATE 5/8/37, 19

19. UNDERTAKER Allen W. McLaughlin
(ADDRESS) 2301 Lafayette

20. FILED MAY 7, 1937, 19 J. J. Bieberbach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/6/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/8/37, 19, to 5/6/37, 19
I last saw him alive on 5/6/37, 19 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Face	
Primary site unknown right	
Cheek	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Fred Wolman, M. D.
(Address) City Hospital No.1

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