

REC'D MAY 18 1938

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

14201
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township _____ Primary Registration District No. 3008 Registered No. 103
(c) City Fulton (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred _____ yrs. 1 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 5 yrs. 5 mos. 5 ds. D. K.

2. PRINT FULL NAME Karl Bensinger

(a) Residence, No. St. Louis, Missouri St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Lottie Bensinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 10 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Furniture dealer
9. Industry or business in which work was done, as saw mill, bank, etc. dealer
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) Germany

13. NAME August Bensinger

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

15. MAIDEN NAME Hannah Landauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL PLACE New Mt. Sinai DATE 4/21 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Bergen
4715 Mc. Sherson St. Louis

20. FILED Apr 20 1938 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1938, to April 20, 1938.
I last saw him alive on April 19, 1938 Death is said to have occurred on the date stated above, at 9:00 A. M.
The principal cause of death and related causes of importance were as follows:

Diabetes mellitus Date of onset D. K.
59
Other contributory causes of importance: Secondary anemia D. K.
Chronic nephritis D. K.

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? No.
If so, specify _____
(Signed) Jas. R. Mulvey Has. R. Mulvey, M. D.
Fulton, Mo. 106 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.