

REC'D JUL 12 1938

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

20174
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1002**
(c) City **St. Louis** (d) Street No. **Deaconess Hospital** St. **5313**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Elizabeth Gertrude Benwell,
(a) Residence, No. **1814a N. Grand Blvd.** St. **VI** (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 **Female** 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 **Albert Benwell,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 11, 1899**

7. AGE YEARS **39** MONTHS **5** DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as 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) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Louis Kopp**

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

MOTHER 15. MAIDEN NAME **Josephine Eike**

16. BIRTHPLACE (CITY OR TOWN) **Mo.** (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Mr. Albert Benwell, 1814a N. Grand Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter & Pauls June 13, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Cullinane Brothers 1710 N. Grand Blvd**

20. FILED **JUN 11 1938** **J. B. Prebeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 10, 1938**

22. I HEREBY CERTIFY, that I attended deceased from **June 10, 1938**, to **June 10, 1938**.
Last saw him alive on **June 10, 1938**. Death is said to have occurred on the date stated above, at **12:15 P.M.**
The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart Date of onset **6-7-38?**
no definite heart disease
90
Other contributory causes of importance **non T. B.**
Gulmonary Edema - 6-10-38
Pericardial Effusion 6-8-38?

Name of operation **None** Date of
What test confirmed diagnosis? Was there an autopsy? **yes**

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
Cause of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **[Signature]** M. D.
(Address) **2438 N. Grand Ave.**

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.

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

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.)