

REC'D SEP 12 1938

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

27724

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **4436 Labadie Ave.** St. **St.**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 **Rosa Benne**

(a) Residence, No. **4436 Labadie** St. **10**
 (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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF **Widow of Henry Benne**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 3, 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
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) **Millstadt**
 (STATE OR COUNTRY) **Illinois**

FATHER
13. NAME **August Marxer**
14. BIRTHPLACE (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

17. INFORMANT **Mr. Henry Benne**
 (ADDRESS) **4436 Labadie Ave.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary Cem.** DATE **Sept. 2, 1938**

19. FUNERAL DIRECTOR **Suedmeyer & Sons**
 (ADDRESS) **3934 N. 20th St.**

20. FILED 19 **38**
J. F. Bredich
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **Aug. 31, 1938**

22. I HEREBY CERTIFY, That I attended deceased from
Oct. 29, 1936, to Aug. 31, 1938

I last saw **her** alive on **Aug. 30, 1938** Death is said

to have occurred on the date stated above, at **5:13 A.M.**

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

General arteriosclerosis

Date of onset

Other contributory causes of importance:
chronic myocarditis

Name of operation **none** Date of _____
 What test confirmed diagnosis **clinical** 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 **Henry C. Westerman, M. D.**
 (Signed) _____

(Address) **2136 East Grand Blvd**

AUG 31 1938

(Licensed Embalmer's Statement on Reverse Side)

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

1 X12004

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, Geo. P. Schubert Licensed Embalmer No. 2212

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 Geo. P. Schubert

Licensed Embalmer No. 2212

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.)