

REC'D MAR 13 1939

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

 4940  
 Do not use this space.

## 1. PLACE OF DEATH

 (a) County St. Louis Registration District No. 791  
 (b) Township St. Louis Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. # 5532a Page Blvd. Registered No. 1633  
 (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

 (a) Residence, No. # 5532a Page Blvd. St. 5  
 (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 George Tons....

 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 - 1881

 7. AGE YEARS 57 MONTHS 5 DAYS 1 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. At Home  
 10. Date deceased last worked at this occupation (month and year) Ill 11. Total time (years) spent in this occupation

 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

 FATHER 13. NAME Herman Benken  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

 MOTHER 15. MAIDEN NAME Marie Elizabeth Thies  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Co. Ill.

 17. INFORMANT (ADDRESS) Mr. A. Wheeler  
# 5532a Page Blvd.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla, Cre. DATE 2-20-39

 19. FUNERAL DIRECTOR (ADDRESS) C. P. Euston & Son  
# 7233 Delmar Blvd.

 20. FILED FEB 20 1939 J. B. Budak  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

No physician in attendance.

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him..... alive on....., 19..... Death is said

 to have occurred on the date stated above, at 1:50 m. A.M.

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

Angina Pectoris;  
Ch. Interstitial Nephritis.

Date of onset

Other contributory causes of importance:

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..... see above

Nature of injury.....

 24. Was disease or injury in any way related to occupation of deceased? Yes

 If so, specify Chronic Nephritis

 (Signed) Walter Perry, M. D.

 (Address) St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Bradford A. Miles, Licensed Embalmer No. 2901  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

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

Signed Bradford A. Miles  
Licensed Embalmer No. 2901

**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.)**