

139 JUL 12 1939

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

20404
Do not use this space.

1. PLACE OF DEATH Homer Phillips Hospital 791
(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... 1008
(c) City ST. LOUIS / (d) Street No. Homer Phillips Hospital 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 Giles BENIMON
(a) Residence, No. 818 N. EWING St. 21
(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 Cobored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte BENIMON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1906
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 3 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter
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) (STATE OR COUNTRY) JONES TOWN MISSISSIPPI

FATHER 13. NAME John BENIMON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale MISSISSIPPI

MOTHER 15. MAIDEN NAME Odella Giles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ATLANTA Georgia

17. INFORMANT Ruth Banks
(ADDRESS) 818 N. EWING

18. BURIAL, CREMATION, OR REMOVAL PLACE Marlts, Miss DATE 6/12 1939

19. FUNERAL DIRECTOR (NAME) F. L. Garner
(ADDRESS) 2829 Washington Ave

20. FILED JUN 13 1939
J. F. Budick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8th 1939

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

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:
Fracture and dislocation of cervical vertebrae and laceration of scalp as a result of losing control of the car he was driving that overturned on highway #61 about two miles south of Farmington, Mo., about 4:00 A.M., June 4, 1939.
Date of onset

Other contributory causes of importance: Accident.

Name of operation..... 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 accident Date of injury June 4 1939
Where did injury occur? near Farmington, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury see above

Nature of injury.....
.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) J. F. Budick M.D.
(Address) Deputy Coroner

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

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 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 Arthur R. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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.