

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH: **2**  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4508 Tower Grove Pl.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community **50 Years**  
 years, months or days (Specify whether)

8. (a) PRINT FULL NAME **William Bensinger 525**  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Esther Bensinger** 6. (c) Age of husband or wife if alive **62** years  
 7. Birth date of deceased **April 16 1873**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66** **5** **26** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Germany** **Germany**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Merchant**

11. Industry or business **Furniture**

12. Name **August Bensinger**

13. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Hannah Landauer**  
 (City, town, or county) (State or foreign country)

15. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Myra Bensinger**

(b) Address **4508 Tower Grove Pl.**

17. (a) **Burial** (b) Date thereof **Oct. 13-39**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cem.**

18. (a) Signature of funeral director **Herman Rindskopf**

(b) Address **5216 Delmar**

19. (a) **OCT 13 1939** (b) **J. P. ...**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **1**  
 (c) City or town **St. Louis** **17**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4508 Tower Grove Pl.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Oct.** day **11**  
 year **1939** hour **11** minute **30** P. M.  
 21. I hereby certify that I attended the deceased from **Sept 17**, 19**39**, to **October 11**, 19**39**.  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Broncho-pneumonia** Duration \_\_\_\_\_

Due to **Abdominal Carcinomatosis** **4 yrs**

Due to **Carcinoma of Colon** **4 yrs**

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Colon**

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of Injury \_\_\_\_\_

23. Signature **J. P. ...** (M. D. or other) **1**

Address **3700 Washington** Date signed **10/12/39**

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.

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**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.....

*Chas. Cooper*

Licensed Embalmer No.....

*3830*

P. O. Address.....

*5216 Delmar*

**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.**