

REG. MAR 12 1940
257

Registration District No. **257**

Primary Registration District No. **3036**

Registrar's No. **39**

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary Benton
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Benton 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased January 8 - 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Lembeck
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herman Benton
(b) Address Hickwood, Missouri

17. (a) Burial (b) Date thereof Feb 21 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery, St. Charles

18. (a) Signature of funeral director H.C. Bellmeyer & Sons, Inc.
(b) Address 800 N. Second, St. Charles, Mo

19. (a) 2/19/40 (b) Charesse H. Heseley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1824 N. Third St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 18
year 1940 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from August 26
1939 to February 18 1940;
that I last saw her alive on February 18 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia,
but a trial.
Prone to influenza

Due to _____
Due to _____

Other conditions Hypertension, essential
(Include pregnancy within 6 months of death)

PHYSICIAN
Major findings: _____
Of operations No
Of autopsy No
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence No
(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 L.R.M. Jr. M.D. (M. D. or other)
Address St. Charles, Mo Date signed 2/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

CGV 5-17-39 I X1891

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St. Charles, Mo.

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.