DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9318

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2801

1. PLACE OF DEATH:

(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: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 771 Radcliff
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME PAULINE ELIZABETH BENNETT

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 Edwin Stanley Bennett

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased February (Month) 17 (Day) 1861 (Year)

8. AGE: Years 79 Months 1 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business —

FATHER
12. Name Arnold Roetter
13. Birthplace — (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Smith
15. Birthplace — (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Walter E. DeTries

(b) Address 771 Radcliffe Ave. U City Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/28/40 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director ~~6175 Delmar Blvd~~

(b) Address 6175 Delmar Blvd.

19. (a) MAR 26 1940 (Date received local registrar) (b) J F Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24 year 1940 hour 4 minute 8 M.

21. I hereby certify that I attended the deceased from Feb 24th, 1940, to Mar 24, 1940 that I last saw her alive on Mar. 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Cancer of Colon~~	~~[illegible]~~
Intest. Obstruction	5 days
Due to Cancer of Colon	6 mos
Due to	
Other conditions Abdominal metastases (Include pregnancy within 3 months of death)	
Major findings: Of operations as above	
Of autopsy	

PHYSICIAN — 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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L D Crowley (M. D. or other) M.D.

Address 4952 Maryland Date signed 3-25-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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Dr. Cassidy

4952 Maryland 130 — 3301

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 J. Wm Binkley

Licensed Embalmer No. 13653

P. O. Address St Louis 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.