

No. 2
11-10-39
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12321

State File No. _____

FILED APR 8 1940
Register District No. _____

Primary Registration District No. 101

Registrar's No. 644

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community 12 years
years, months or days) 530

3. (a) PRINT FULL NAME Nathan Bennett

8. (b) If veteran, name war ? 8. (c) Social Security No. ?

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucinda Bennett 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Jan. 10, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 20 hr. min.

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

10. Usual occupation nil.

11. Industry or business _____

12. Name William Bennett

13. Birthplace Unk. Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Hester Unknown

15. Birthplace Unk. Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Lucinda Bennett

(b) Address Frost & Kings streets, Kinloch

17. (a) Burial (b) Date thereof 4-5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address 113 & Stanton, Kinloch Mo.

19. (a) APR - 2 1940 (b) R. M. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Frost and King streets.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30
year 1940 hour 5 minute :40 A.M.

21. I hereby certify that I attended the deceased from 3-18-40
_____ 19 _____ to 3-30-40 _____ 19 _____
that I last saw him alive on 3-30-40 _____ 19 _____
and that death occurred on the date and hour stated above:

Immediate cause of death Myocardial failure Duration 2 days

Due to Arteriosclerotic heart disease ?

Due to _____
Other conditions B. coli Cystitis 12 days
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations 9577
Of autopsy _____
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? _____

(e) While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature D. Johnston (M. D. or other) _____
Address St. Louis Co. Mo. Date signed 4-7-40

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: _____

Licensed Embalmer No. _____

P. O. Address _____

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.