

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22991

1. PLACE OF DEATH

County St. LouisRegistration District No. 843Township WashingtonPrimary Registration District No. 6106City St. Louis

St.

Ward

2. FULL NAME

(a) Residence, No. Galena St.

(Usual place of abode)

Length of residence in city or town where death occurred LivingHow long in U. S., if of foreign birth? Life

File No.

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Elizabeth Benham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 24 1885

7. AGE

87 YEARSMONTHS 1DAYS 6

If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farming

9. Industry or business in which work was done, as silk mill, 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)

Galena Mo.

FATHER

13. NAME

Labor Benham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo.

MOTHER

15. MAIDEN NAME

Pollie Grider

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

St. Charles Co. Mo.

17. INFORMANT (ADDRESS)

Malie Faleley

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cape Fair DATE June 2 1946

19. UNDERTAKER (ADDRESS)

Ernest J. Cheatham

20. FILED

June 2, 1946 Nellie Ironley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 1 1946

22. I HEREBY CERTIFY, That I attended deceased from

May 1 1946, to June 1 1946I last saw him alive on May 28 1946 Death is saidto have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

acute uræmia

Date of onset

Other contributory causes of importance:

Myocardial Perforation

Name of operation

none

Date of

What test confirmed diagnosis?

lungWas there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

RECEIVED

District Attorney Officer No. 6,

District File Number 640-1456

Date Filed _____

JUN 26 1940