

AUG 25 1940
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **6138**

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

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:
2019a East Alice Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Since Birth**
years, months or days _____

3. (a) PRINT FULL NAME **MAMIE BENNE 500**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John H. Benne**
6. (c) Age of husband or wife if alive **77 yrs**
7. Birth date of deceased **Feb. 7 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **5** Days **15**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business **House Wife**

MOTHER FATHER { 12. Name **Fred Huettemann**
18. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Not Known**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **John H. Benne**
(b) Address **2019a East Alice Avenue**

17. (a) **Burial** (b) Date thereof **7/24/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son**
(b) Address **2161 East Fair Avenue**

19. (a) **JUL 23 1940** (b) **J. F. Brudick**
(Date received at Registrar's office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2019a East Alice Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
year **1940** hour **1** minute **50 AM**
21. I hereby certify that I attended the deceased from **6-6-40**
6-6-40 1940 to **7-21-40** 1940
that I last saw her alive on **7-21-40** 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the Uterus**
Duration **18 Mo**
Due to _____
Due to _____
Other conditions **Chr Myocarditis** yrs.
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **Geo W Becker** (M. D. or other) _____
Address **3547 Utah St** Date signed **7/22/40**

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 *William G. Bushho*

Licensed Embalmer No. *2110*

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.