

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32427**

Registration District No. **H70**

Primary Registration District No. **5633**

Registrar's No. **119**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Mount Vernon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **335 days** **3**
In this community **335 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis Co**
(c) City or town **Overland**
(If outside city or town limits, write "RURAL")
(d) Street No. **10546 Wurdock** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Earl A. Benoist**

3. (b) If veteran, name war. **No** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louise Benoist** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased. **December 28th 1902**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 8 28 hr. min.

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

10. Usual occupation **Orderly**

11. Industry or business **0**

MOTHER FATHER
{ 12. Name **Leon Benoist**
18. Birthplace **St. Louis County Missouri**
(City, town, or county) (State or foreign country)
{ 14. Maiden name **Mary Barbeau**
15. Birthplace **St. Louis County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**

(b) Address **Missouri State Sanatorium**

17. (a) **Burial** (b) Date thereof **9-28-40**
(Burial, cremation, or removal) (Month)-(Day) (Year)

(c) Place: burial or cremation **For the Cemetery**

18. (a) Signature of funeral director **Funeral Brothers and Sisters**

(b) Address **Overland Mo**

19. (a) **Sep. 25, 1940** (b) **P. A. HOLMES**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **25**
year **1940** hour **6:35** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov. 24th 1939** to **Sept. 25th 1940**,
that I last saw him alive on **Sept. 24th 1940**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Advanced Pulmonary Tuberculosis** Duration **Seven years**

Due to _____

Due to **27**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Yes - same as above**

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 **James H. Brain** (M. D. or other) **MD**

Address **St. Joseph Mo** Date signed **9-25-40**

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

RECEIVED

District Health Officer No. 63

District File Number 1040-2750

Date Filed OCT 17 1940

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 *Earl Willemson*

Licensed Embalmer No. 3504

P. O. Address *Overland, 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.