DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33995 / 8692

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

REC'D NOV 16 1940

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7729 S. Water 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 3 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis / (If outside city or town limits, write "RURAL")

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(d) Street No. 7729 S. Water (If rural, give location)

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

3. (a) PRINT FULL NAME MARGARET ANN BENZ

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased OCT. (Month) 21 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day 3 hr. min.

9. Birthplace St. Louis (City, town, or county) Mo - U (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER

12. Name FRANK BENZ

13. Birthplace St. Louis (City, town, or country) Mo. (State or foreign country)

14. Maiden name MARIE VIOLA LAIR

15. Birthplace ACTON (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant's own signature Marie Benz

(b) Address 7729 S. Water

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-22-40 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bullen & Kelly

(b) Address 1416 N. Taylor

19. (a) OCT 22 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 21 year 1940 hour 7:00 minute a. M.

21. I hereby certify that I attended the deceased from 10/21/40 4:00 a.m., 19..., to 7:00 a.m. 10/21, 1940 that I last saw her alive on 10/21/40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxia Neonatorum	3 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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: none

(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 Joseph M. Kruse M. D. (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X10511

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.

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.....

.....Myself....., Registered Apprentice No.....,

working under my personal supervision.

City License #145

Signed. Glenn E. Henderson

Licensed Embalmer No. 4141

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.