

Registration District No. 784

Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7600 Comfort
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Virgie Morelock Bennett

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert M. Bennett 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 14, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 4 23 hr. min.

9. Birthplace Salem, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Dave Smith
13. Birthplace Dent Co., Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Fritz
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Bennett
(b) Address 7600 Comfort

17. (a) Burial (b) Date thereof 10-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) OCT - 8 1940 (b) T.R. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7600 Comfort
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1940 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 1, 1940 to Oct 7, 1940;
that I last saw her alive on Oct 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach with abdominal metastases
Due to _____
Due to Leukemia
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Inoperable carcinoma of stomach
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Carl J. Weifelt (M. D. or other) _____
Address 444 N. Taylor Date signed 10/8/40

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.....

J. A. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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, fact should be so stated above.