DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40331

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 10102

FILED JAN 15 1941

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.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Deaconess Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town Richmond Heights. N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 46 Berkshire Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Betty May Benson

3. (b) If veteran, name war

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 Clarence Benson

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April (Month) 26th, (Day) 1899 (Year)

8. AGE: Years 41 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Snyder.
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Clarence Benson
(b) Address 46 Berkshire, St. Louis Co. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1940. (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Eugenhein Bros.
(b) Address 2623 Cherokee Street.

19. (a) DEC 8 1940 (Date received local registrar) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th, year 1940. hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from 3-2, 1938, to 12-8, 1940 that I last saw her alive on 12-8-40, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous leukemia — Duration about 3 yrs.

Due to operation for abstruction circulation of spleen; spleen was removed 12/6/40

Due to Developed probable paralytic ileus

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: No
(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 E. J. Schisler M.D. (M. D. or other)
Address 945 Mo. Bldg. Date signed 12-9-40

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.