

FILLED AUG 28 1941 91

State File No. _____
Registrar's No. 5796

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST LOUIS MO

(b) City or town _____

(c) Name of hospital or institution: MISSOURI PACIFIC HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR KIMMSWICK MO
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME BENJAMIN WATERS

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY WATERS 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased AUG 18 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace WINDSOR HARBOR - MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name ISRAEL WATERS

13. Birthplace FORT REILLEY KANSAS
(City, town, or county) (State or foreign country)

14. Maiden name SARAH JOHNSTON

15. Birthplace JEFFERSON Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS JANE BRISTOL
(b) Address ST LOUIS MO

17. (a) BURIAL (b) Date thereof July 16 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RAUSCHENBACH CEM.

18. (a) Signature of funeral director Heiligman Funeral Home

(b) Address Kimmswick Mo

19. (a) JUL 14 1941 (b) J. H. Bridges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1941 hour 8: minute 45 P. M.

21. I hereby certify that I attended the deceased from July 10th, 1941, to time of Expiration, that I last saw him alive on July 13th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Brain pneumonia Duration _____

Due to 9:30 AM

Due to 1:00 PM

Other conditions 7. Parapneumonia 7. Pleur. impo.
(Include pregnancy within 3 months of death)

Major findings: caused by cerebral hemorrhage

Of operations _____

Of autopsy low

PHYSICIAN

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) no

(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? _____

(e) Means of injury _____

23. Signature Henry G. Owen (CRN) (M. D. or other) D

Address Mo Pacific Hosp Date signed 7/13

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

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

Arthur W. Heilington

Licensed Embalmer No.

3872

P. O. Address

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.