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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30276

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7615

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 hours. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Hellston N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 1406 Evergreen
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LILLIAN MARIE BENNETT.

3. (b) If veteran, name war None

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 Virgil M. Bennett.

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

7. Birth date of deceased March 20, 1906. (Month) (Day) (Year)

8. AGE: Years 35 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home.

FATHER
12. Name Jacob Rinnert.
13. Birthplace Spencer, (City, town, or county) Indiana. (State or foreign country)

MOTHER
14. Maiden name Flora Chinn.
15. Birthplace Lincoln, (City, town, or county) Indiana. (State or foreign country)

16. (a) Informant Mr. Virgil M. Bennett.
(b) Address 1406 Evergreen Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23, 1941. (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cem. Oxly, Mo.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) SEP 22 1941 (Date received local registrar) (b) J. H. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st. year 1941 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 10 1941 to Sept 20 1941 that I last saw her alive on Sept. 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous Nephritis Perhaps year or more — Duration

Due to

Due to

Other conditions 8 months pregnancy (Include pregnancy within 3 months of death) a factor.

Major findings: Of operations Cesarean Section removed dead fetus

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:
(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 0

23. Signature William Davis Hawker (M. D. ~~or other~~)
Address 2506 Hodiamont Date signed 9-21-41

(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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St.

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.