

FILED NOV 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33367
Registrar's No. 8322

Registration District No.

Primary Registration District No. 1003

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:
City Hospital # 1 D
(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 000
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL") 712
(d) Street No. 4719 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1941 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia Duration
Arterio Sclerosis
myocardial pneumonia
Due to a fire Oct 17-19 Washington
ave Oct 17-1941 about 12:30
pm when a hot water heater
exploded damaging to Bldg
Other conditions: 1500% Cont'd \$3.00
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 180
Of autopsy: 15
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Elva Benedict

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single (D)

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

7. Birth date of deceased: Aug. 7 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 2 11 hr. min.

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

10. Usual occupation None

11. Industry or business.....

12. Name Walter Benedict

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

14. Maiden name Elizabeth Dittoe

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

16. (a) Informant Herbert Benedict

(b) Address Carthage, Mo.

17. (a) Removal (b) Date thereof 10/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carthage, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 20 1941 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 10-17-41
(c) Where did injury occur? St Louis 000
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) (e) Means of injury fire

23. Signature Thomas F. Callanan (M. D. or other)
Address Deputy Coroner Date signed.....

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.....

J. W. Bembley

Licensed Embalmer No. *3657*

P. O. Address *W. Louis Tmo*

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.