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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36036

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 2090

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:
Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (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 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Clayton & Lindbergh Rds.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALFRED BENNETT

3. (b) If veteran, name war.....

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married.
Widowed

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

7. Birth date of deceased January 3 1858
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
83	9	10		

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Cabinetmaker

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown Bennett

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Oregon

(b) Address 8725 Antler Ave.

17. (a) Burial (b) Date thereof 10-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Louis H Bopp Inc

(b) Address 131 W Argonne Dr Kirkwood Mo

19. (a) OCT 13 1941 (b) J. McDevan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Oct 8th
1941 to Oct 13th 1941
that I last saw him alive on Oct 12th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 4 days
Senility

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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?

While at work?..... (Specify type of place)

(e) Means of injury 5

23. Signature Pierre M. Brown D. or other MO
Address 3500 Cambridge Date signed 10/11/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Julius M Meyer*.....

Licensed Embalmer No. *3288*.....

P. O. Address *Kirkwood, Mo.*.....

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.