

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(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 Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 9 mo. 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2132 Pine St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Thomas Benham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan. 10 1853
(Month) (Day) (Year)

8. AGE: Years 86

Months 1

Days 18

If less than one day _____ hr. _____ min.

9. Birthplace Unknown
(City, town, or county)

4
(State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Sam Benham

13. Birthplace unknown
(City, town, or county)

4
(State or foreign country)

14. Maiden name Nancy Osmond

15. Birthplace Unknown
(City, town, or county)

4
(State or foreign country)

16. (a) Informant Hiram Bazzoli
(b) Address 5800 Arsenal St.

17. Anatomical Board Date thereof 3/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. MAR 31 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's Signature)

20. DATE OF DEATH: Month March day 1
year 1942 hour 6 minute 50 M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to degenerative heart disease

Due to Arteriosclerotic vascular disease

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

23. Signature Loren F. Blansy (M. D. or other) MD

Address 5604 Arsenal Date signed 3-18-42

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

00
17
9

MOTHER FATHER

000
17
9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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.