. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15970 4365

Registration District No. FILED JUN 10 1942 791

Primary Registration District No. 1003

Registrar's No.

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: 4373 West Pine Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether

In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12 000 17 9

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

(d) Street No. 4546 Page Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ella May Benson

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 married

6. (b) Name of husband or wife Curtis

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 13, 1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	0	4	hr. min.

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

10. Usual occupation house-wife

11. Industry or business at home

FATHER
12. Name Edward Catlow
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lily Maude Davidson
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Curtis Benson
(b) Address 4546 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefountaine Cemetery

18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) MAY 18 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1942 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from Mch 10th 1942 to May 17th 1942
that I last saw her alive on May 16th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Uterus	year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature Clyde E. Kane (M. D. or other) M.D.

Address 1211 E M Taylor Date signed 5/18/42

845 (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 Paul a. Kutt

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.