S. No. 2
—9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19373

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5512

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: St. Johns Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 54 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000 17 25 9

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

(d) Street No. 1323 Carr St. 0
(If rural, give location)

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

If yes, name country Italy

3. (a) PRINT FULL NAME Ettore Benigno.

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-7682

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Petrina Benigno

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Nov. 13. 1884
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 57 ~~55~~ | 6 | 12 | hr. min. |

9. Birthplace Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Track laborer

11. Industry or business Public Service Co.

FATHER
12. Name Michaelo Marceno
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Phillipa Unknown.
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Petrina Benigno
(b) Address Dominick Benigno

17. (a) Burial 1323 Carr St. (b) Date thereof June 29.42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bernard Nichols
(b) Address 1431 Union Blvd.

19. (a) JUN 28 1942 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 25
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 1939, to June 25, 1942
that I last saw him alive on June 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Due to

Due to 469

Other conditions Hypertensive Cardio
(Include pregnancy within 3 months of death)
Prec. Disease

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)

(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 Carl J. Rein (M. D. or other)

Address 3604 Washington Date signed 6/26/42

(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.....

Licensed Embalmer No. 29,15

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.**