FILED AUG 11 1942

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22607

Registration District No. 791 ; Primary Registration District No. 1003

Registrar's No. 6382

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:
4226 W. Evans Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ccc

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

(d) Street No. 4226w Evans Ave.
(If rural, give location)

(e) Citizen of foreign country? – (Yes or No)
If yes, name country --, 0

3. (a) PRINT FULL NAME Catherine Bennett

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

3. (c) Social Security No. --

4. Sex Female 2

5. Color or race Negro

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

6. (b) Name of husband or wife Jordan Bennett

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

7. Birth date of deceased Unavailable about 1853
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
about 89			hr. min.

9. Birthplace Unavailable / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unavailable
13. Birthplace Unavailable / Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Patient Carper
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Gabella Ganges
(b) Address 4226w Evans Ave.

17. (a) Burial (b) Date thereof 7/29/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) JUL 29 1942 (b) J. F. Bullock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th.
year 1942 hour 8:10 minute a. M.

21. I hereby certify that I attended the deceased from July 10, 1940, 19..., to July 26th., 1942
that I last saw her alive on July 26th., 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic — Endocarditis	1. yr.
Due to acute, Nephritis;	1. ½ yr.
Due to Chronic Nephritis	

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 0

23. Signature T. J. Jones (M. D. or other)
Address 2330 N. Franklin Ave. Date signed

844 (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

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.