

S. No. 2
1-9-4-41
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22608

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6669

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:
Missouri-Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 day
In this community Unknown
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 311
(If outside city or town limits, write "RURAL")
(d) Street No. 6742 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joe Bennish

3. (b) If veteran, name war No
3. (c) Social Security No. 491-14-9030

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Bennish
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased September 11 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 22 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Joe Bennish
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Bennish
(b) Address 6742 Arsenal St.

17. (a) Burial (b) Date thereof 8/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Walter S. ...
(b) Address 3634 Gravois Ave.

19. (a) AUG 5 1942 J. F. ...
(Date entered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1942 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 3rd 1942 to Aug 2nd 1942
that I last saw him alive on Aug 2nd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carbuncle of nose 5 days
Due to Staphylococcus infection 3 mo

Due to Secondary Anemia 3 mo
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature C. V. ... (M. D. or other)
Address 3201 ... Date signed 8-11-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Handwritten initials

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 *Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *Adams m*

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.