

FILED SEP 23 1942

Registration District No.

318

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1003

State File No.

Registrar's No.

28530  
7623

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:  
4920<sup>th</sup> Murdock Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Louise Hannal Benton

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joseph Benton 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 22 1882  
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace De Soto Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Fischer

18. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Hannal Knopf

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. F. Keiper

(b) Address 4501 Washington Bl

17. (a) Burial (b) Date thereof Sept 14, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4501 Washington Bl

19. (a) SEP 13 (b) J. F. Keiper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4920<sup>th</sup> Murdock Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11  
year 1942 hour 4:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 1  
1942 to Sept 11, 1942

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 92% alcohol

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. F. Keiper (M. D. or other) \_\_\_\_\_  
Address 4501 Washington Bl Date signed Sept 17/42

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

MOTHER FATHER

**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 John Keller  
Licensed Embalmer No. 3880

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, above space should be left blank.**