

V. S. No. 2
50M-542
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38477

State File No. _____
Registrar's No. 10810

Registration District No. 318

Primary Registration District No. 1003

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. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 4362a Maryland Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Blanche Benoist

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced S. O.

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Oct. 25th., 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th.
year 1942 hour 9 minute 20 a. M.

21. I hereby certify that I attended the deceased from 12/22/42
to 12/25/42, 19____, to 12/25/42, 19____,
that I last saw her alive on 12/25/42, 19____,
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>2</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace: St. Louis Mo. O.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Immediate cause of death
Coronary Arteriosclerosis
Disease
Myocarditis, Chronic

Due to Hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER {

11. Industry or business _____

12. Name Conde A. Benoist

13. Birthplace St. Louis Mo. O.
(City, town, or county) (State or foreign country)

14. Maiden name Clemence Christine Christy

15. Birthplace St. Louis Mo. O.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William J. Christy

(b) Address 5603 Delmar Blvd.

17. (a) Burial (b) Date thereof 12-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 27 1942 (b) J. F. Bradshaw
(Date received local registrar) (Registrar's signature)

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 C. H. Harrison (M. D. or other) _____
Address Hiram Bell Bldg. Date signed _____

Dr. C.H. Nielsen
November 14, 1930

RS 23251

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 W.H. VanMatre
Licensed Embalmer No. 2825
P. O. Address 4340 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.