S. No. 2
M—5-42
5-17-39
I X32873

96
3
5

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3350

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 163

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7270 Lindell /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7270 Lindell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rupert Benj. Bennett

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

3. (c) Social Security No. 280-07-5375

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maxine

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July (Month) 10 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	6	11	hr. min.

9. Birthplace Scranton (City, town, or county) Pa. / (State or foreign country)

10. Usual occupation Mgr. Kresge store

11. Industry or business

FATHER
12. Name unk Bennett.
13. Birthplace Scranton, (City, town, or county) Pa. / (State or foreign country)

MOTHER
14. Maiden name Blanche Peck
15. Birthplace Scranton, (City, town, or county) Pa. / (State or foreign country)

16. (a) Informant Maxine Bennett
(b) Address 7270 Lindell, U. City.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 1-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lancaster, OHIO

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) 1-22-43 (Date received local registrar) (b) E G McGarron MD (Registrar's signature) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1943 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. | Duration

Due to Arteriosclerosis of coronary arteries with narrowing of right
Due to coronary artery; Recent infarct of posterior part of
Other conditions interventricular septum;
(Include pregnancy within 3 months of death)
Congestion of lungs.

Major findings:
Of operations 94a
Of autopsy Yes.

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

23. Signature Louis H Bopp Jr Coroner (M.D. or other)
Address Kirkwood, Mo. 1-22-43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1948

FEB 19 1948

I hereby certify that the bod

working under my personal super

Note: The above MUST
the above constitutes ground
If this body is not embal

C.R.Lupton & SONS. Undertaking Co.

Address 7233 Delmar,Blvd.,

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described corpse:

Full name RUPERT B. BENNETT. Race White

Place and date of death Residence, 7270 Lindell.

Physician (or Coroner) signing Certificate St. Louis County Coroner.

Place and date of Embalming 7233 Delmar.Blvd.,

Remarks

Signed Bradford A. Miles Missouri License No 2901