

S. No. 2
M-9-4-41
5-17-39
PI X-2-2-2

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32187
Registrar's No.

ED MAR 15 1943

Registration District No. 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:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution From 3/2/43 to
3/3-43 (Specify whether
In this community. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4526 Minnesota
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

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3. (a) PRINT FULL NAME Mary Bene
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3
year 1943 hour 9:35 minute P. M.
21. I hereby certify that I attended the deceased from Mar. 2,
1943 to March 3, 1943.
that I last saw her alive on March 3, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry E.
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May, 15 1876
(Month) (Day) (Year)

Immediate cause of death.....
Cerebral Meningococcal Meningitis
Duration 2 days.
Due to.....
Due to.....

8. AGE: Years Months Days If less than one day
66 9 19 hr. min.

Other conditions Hypertensive Heart &
Kidney disease
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name John Ferner

13. Birthplace Louisiana Know.
(City, town, or county) (State or foreign country)

14. Maiden name Helena Jost

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

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal Street.

17. (a) Burial (b) Date thereof Mar. 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Elizabeth Berg Montanary
2842 Meramec St.

(b) Address.....
19. (a) MAR 5 1943 (b) J. F. Bredack
(Date received local registration) (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 David Goldring (M. D. or other)
Address Isolation Hospital Date signed 3/4/43

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Joe D Benz
Licensed Embalmer No. 4249
P. O. Address 2842 Meramec St.
St. Louis, Mo.

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.