

S. No. 2  
M-2.43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15857

State File No. \_\_\_\_\_

FILED MAY 27 1943 8  
Registration District No. \_\_\_\_\_

Primary-Registration District No. **1003**

Registrar's No. **4592**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Alexian Brothers Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 38 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town City of St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3707a Meramec (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred Benthien

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Benthien 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 26 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 4 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Caterer

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Stella Benthien

(b) Address 3707a Meramac

17. (a) burial (b) Date thereof 5-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 South Grand Blvd.

19. (a) MAY 18 1943 J. F. Bradeck  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1943 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from April 16<sup>th</sup>  
1943, to May 17 1943  
that I last saw her alive on May 17 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Chronic Myocarditis  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

23. Signature J. F. Bradeck (Specify type of place) (b) Means of injury \_\_\_\_\_  
Address 3606 Sharns (M. D. or other) 1943  
Date signed 5/17/43

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

MOTHER FATHER

000  
17  
159  
0

Duration  
55 days  
2 years

PHYSICIAN  
Underline the cause to which death should be charged statistically.

3548 S. Grand

W. M. C. Weenley

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 Vincent L. Berryman

Licensed Embalmer No. 14018

P. O. Address 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.