

950

S. No. 2
DM-2-43
5-17-39
I 13889

22780

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **6848**

AUG 7 1949 **318**
Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mos. 4 Days
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(If outside city or town limits, write "RURAL")

(c) City or town St. Louis
(If rural, give location)

(d) Street No. 4562a Adkins
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Benedict

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or face White

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

6. (b) Name of husband or wife Minnette Benedict

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 15 1881
(Month) (Day) (Year)

8. AGE: Years 58 Months 54 Days 7 14
If less than one day hr. min.

9. Birthplace Old Monroe Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker

11. Name of father Levy Benedict

12. Name of mother Fannie Jennings

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

14. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Minnette Benedict

(b) Address 4562a Adkins

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 7/31/43
(Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) 29 1949 (b) J. F. Benedict
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29, year 1949 hour 8:40 minute A. M.

21. I hereby certify that I attended the deceased from April 25, 1943 to July 29, 1943;
that I last saw h. im alive on July 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension, Bronchial
Arteriosclerosis, Bronchial

Due to Following cerebral thrombosis

Due to _____

Other conditions cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: 8/3

Of operations _____

Of autopsy Autopsy refused

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 Dr. W. Madala
Address 1515 Lafayette Avenue, D. C. 67423
(City or town) (State) (Zip)

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

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

MOTHER FATHER
CORRECTED BY
A. STEWART

STATEMENT BY LICENSED EMBALMER

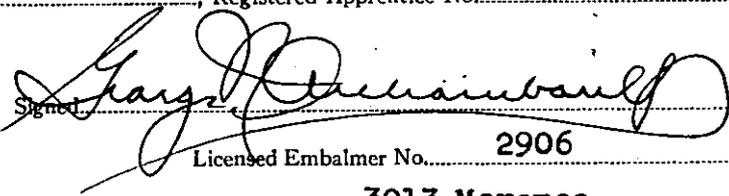
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

, Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.

STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.....

On this 17th day of August, 1943, before me appears Minnette Benedict, who, upon her oath, states that the original record of ^{birth} death for Charles Benedict died ^{born} July 29, 1923, in the State of Missouri, and which was filed at St. Louis on July 29, 1923, should be corrected as follows:

Item No. 7 should read December 15-1888
Instead of December 15-1884!

Item No. should read.....
Instead of.....

*Sworn to
8-17-43*

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Minnette Benedict Widow
Relationship.

4562^a Addison
Present Address St. Louis Mo

Subscribed and sworn to before me this 17 day of August, 1943.

My Commission expires My Commission expires Gene C. Fallick Notary Public.

*Original record dated Sept 11-1946
St. Louis Mo.
Affidavits containing erasures will not be accepted; draw one line through error and write correction.*

S-22780