

S. No. 2
DM-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED AUG 18 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7195

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. P. Children Hosp. I
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 23 days (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME BENSON, CONNIE ROCHELLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased July 16 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name James H. Benson

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

14. Maiden name Jessie Metzger

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

16. (a) Informant James H. Benson

(b) Address Eureka, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 43 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Ford Mo.

18. (a) Signature of funeral director Schraden Funeral Home

(b) Address Bullman Mo.

19. (a) AUG 10 1943 (Date received local registrar) J. B. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town Eureka (If outside city or town limits, write "RURAL") NR

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7 year 43 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 7-17-43 to 8-7-43 that I last saw h. ER alive on 7-8- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Disorder

Duration 7 hrs.

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: John H. Davaal (M. D. or other) _____

Address 500 S. Kingshighway Date signed _____

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

MOTHER FATHER

7195

7195

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.

No Embalming
Signed

..... Licensed Embalmer No.....

..... P. O. Address.....

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.