

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35645/0

State File No.

OCT 19 1943 317
Registration District No.

Primary Registration District No. 3068

Registrar's No. 2305

1. PLACE OF DEATH:

(a) County **St. Louis County**

(b) City or town **Mapelwood**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Mapelwood Nursing Home** ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **33 Weeks** (Specify whether years, months or days)

In this community **33 Weeks**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **4123 Minnesota**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Clarence S. Bennett**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **498-01-8987**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **12th** year **1943** hour **1130** minute **P.M.**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Josephine Brinker**

6. (c) Age of husband or wife if alive **50 yrs**

7. Birth date of deceased **4 25 1898**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept. 14** 19**43** to **Oct. 11** 19**43** that I last saw him alive on **Oct. 7** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis and acute nephritis** ✓

8. AGE:	Years	Months	Days	If less than one day
45	5	17		hr. min.

Due to **Cerebral hemorrhage arteriosclerosis**

Due to _____

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

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

10. Usual occupation **Salemann**

11. Industry or business **Automobile**

12. Name **Not Known**

13. Birthplace **Not Known** (City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Not Known** (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Josephine Bennett**

(b) Address **4123 Minnesota**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10 15 43** (Month) (Day) (Year)

(c) Place: burial or cremation **New S. S. Peter & Paul Cem**

18. (a) Signature of funeral director **Therese Bernhardt**

(b) Address **3819 S. Grand Blvd.**

19. (a) **OCT 12 1943** (Date received for record) (b) **C. J. McEwan** (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 **W. Sterling** (M. D. or _____)

Address **7666 Manchester** Date signed _____

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

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

Signed *Albert G. Kopper*
..... Licensed Embalmer No. *2971*
..... 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2207
Registrar's No. 2305

Registration District No. 317 Primary Registration District No. 3068

WRITE PLAINLY—USE U.S. PADDING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

3. (a) PRINT FULL NAME Clarence S. Bennett

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

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

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

7. Birth date of deceased April 25
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days _____ Unless than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 14 to Oct. 7, 1943

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & acute nephritis

Due to Cerebral hemorrhage

Due to arterio sclerosis

Other conditions Only saw him during last 3 weeks of life.

Major findings:
Of operations _____

Of autopsy 1318

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 J. Sterling (M. D. _____)
Address Maplewood Mo. Date signed 10-28-43

SUPPLEMENTARY

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

35645