

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39507**
Registrar's No. **10894**

FILED DEC 22 1943
Registration District No. **818**

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:
City 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..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County..... **12**

(c) City or town St. Louis **96**
(If outside city or town limits, write "RURAL")

(d) Street No. 5117 Lotus Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME Owen Taylor Bennett

3. (b) If veteran, name war.....

3. (c) Social Security No. 488-01-7100

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mae Bennett

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

7. Birth date of deceased: March 28 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 11 If less than one day
hr. min.

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

10. Usual occupation Life Ins. Salesman

11. Industry or business.....

MOTHER FATHER

12. Name Richard T. Bennett

13. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Dyer

15. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard H. Bennett

(b) Address 7128 Dale Ave.

17. (a) Burial (b) Date thereof 12-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 9 1943 (b) J.F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1943 hour 7 minut 25 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage
Laceration of left lung caused
Chest when he drove his automobile
Due to which he was operating into the
rear of a street operated by one
Due to Clayton Scoble which was
stopped to discharge passengers at
Other conditions Present and pending streets
(Include pregnancy within 3 months of death) about 7:30 PM 12-7-43

Major findings: 11/10
Of operations: 2/14
Of autopsy: 2/14

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12-7-43

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place?
Public Place
(Specify type of place) (e) Means of injury

23. Signature James J. Fitzsimmons (M.D. or other) know
Address 1400 Park Date signed 12/11/43

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. Hoffer*
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.