

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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:
1958 E. Adelaide Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Gertrude Benish

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

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

6. (b) Name of husband or wife Thomas C. Benish 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased November 27, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 20 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Anton Fohrell

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

14. Maiden name Christina Kampeter

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

16. (a) Informant Mr Thomas C. Benish

(b) Address 1958 E. Adelaide Ave

17. (a) Burial (b) Date thereof 1/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 19 1944 (b) J. F. Medeck
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1958 E. Adelaide Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th
 year 1944 hour 10:10 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 3 1938 to Jan. 16 1944
 that I last saw her alive on Jan. 13 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hepatitis and Cholecystitis
 Due to Hypertension 5 year
Myocarditis 4 year

Other conditions None
(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) (c) Means of injury _____

23. Signature J. F. Medeck (M. D. or other) _____
 Address 2249 St. Louis ave Date signed 1/17

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 William G. Buchter

Licensed Embalmer No. 2110

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.