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7. 5-17-39
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23005
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4881**
Registrar's No. **1995**

FILED MAR 13 1944

Registration District No. _____ Primary Registration District No. _____

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. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4426 Arco Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Benner
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lulu May Benner
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 27 1886
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>7</u>	<u>27</u>	_____ hr. _____ min.

9. Birthplace South Point Missouri
 (City, town, or county) (State or foreign country)
10. Usual occupation Broom maker

11. Industry or business _____
MOTHER FATHER
12. Name George Benner
13. Birthplace Labadie Missouri
 (City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Ade
15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lulu May Benner

(b) Address 4426 Arco Ave.
17. (a) Burial Labadie, Missouri
 (Burial, cremation, or removal) (b) Date thereof 2-27-44
 (Month) (Day) (Year)

(c) Place: burial or cremation Labadie, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) Date received local registrar 2-29-44 (b) J. J. Gradack
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th
 year 1944 hour 8:30 minutes P. M.
21. I hereby certify that I attended the deceased from Feb. 21st
 _____, 19 44 to Feb. 24th, 19 44
 that I last saw him alive on Feb. 24th, 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Intracerebral hemorrhage
 Due to _____
 Due to _____
 Other conditions Cerebral syphilis
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy Refused

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 Frank J. Benner (M. D. or other) 44
Address 1515 Lafayette Date signed 2/25/44

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

1995

1995

JAN 6 1945

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.....

G. W. Wilkinson

Licensed Embalmer No..... 3575

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.