

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1944

Registration District No. 378

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

32053

State File No.

Registrar's No.

8999

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1438 East Grand Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Nahamia Benson

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Jacob Benson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: unknown
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>about</u>	<u>77</u>	<u>--</u>	<u>--</u>	hr. _____ min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business _____

12. Name unknown
 13. Birthplace Russia
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace Russia
 (City, town, or county) (State or foreign country)

16. (a) Informant Harry Benson
 (b) Address 426 Trindley-East St. Louis
 17. (a) Burial (b) Date thereof 10-24-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth(a) Signature of funeral director H. Brindley(b) Address 5216 Delmar Blvd.(a) OCT 23 1944 (b) J. Brindley
(Date received local registrar) (Registrar's signature)

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. 1438 East Grand
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
 year 1944 hour 11:15 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct. 21
 1944, to Oct. 22, 1944
 that I last saw her alive on Oct. 21, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Embolic (cardiac) Coronary Thrombosis Duration _____
Hypertension

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 Harry Benson (M. D. or other) _____
 Address 1438 East Grand Date signed _____

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..... *J.P. Burgess*.....
Licensed Embalmer No. *4029*.....
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.