

FILED DEC 5 1944 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis Mo
(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 Mary's Infirmary
(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)

3. (a) PRINT FULL NAME Infant Benian

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

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Nov 16 th 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 14 hr. 2 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Louis Benian
13. Birthplace Tuscaloosa Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Mary Burnett
15. Birthplace West Point Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Benian

(b) Address 2732 a Bernard St St Louis

17. (a) Burial (b) Date thereof 11-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director V. B. Hudson

(b) Address City Health Dept

19. (a) NOV 29 1944 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis 1722
(If outside city or town limits, write "RURAL")
(d) Street No. 2732 a Bernard
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 17 day _____
year 1944 hour 7:00 minute 0 M.

21. I hereby certify that I attended the deceased from 5:00 PM
11-16-44, 19____, to 7:00 AM 11-17, 1944

that I last saw him alive on 11-17-44, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Prematurity

Due to Unknown

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Leard Smart (M. D. or other) _____

Address 4069 E. Easton Date signed 11/17/44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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.