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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39152

Registrar's No. 11289

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: CITY HOSPITAL #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4HRS. 0 (Specify whether
In this community 18YRS. 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. 2507 BLAIR AV.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME MARY. J. BENSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARSHALL BENSON

6. (c) Age of husband or wife if alive DEC'D years

7. Birth date of deceased MAY (Month) 4TH (Day) 1870 (Year)

8. AGE: Years 74. Months 7. Days 26 If less than one day — hr. — min.

9. Birthplace MURPHYSBURO (City, town, or county) ILL (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name UNKNOWN.
13. Birthplace " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Monroe Benson
(b) Address 2507 Blair Ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 2ND/45 (Month) (Day) (Year)
(c) Place: burial or cremation ZION CEMETERY

18. (a) Signature of funeral director Brockland Und Co
(b) Address 1827 Hogan St.

19. (a) JAN 2 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 30TH year 1944. hour 9.20 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1943, 19 , to Dec 30, 1944, that I last saw her alive on Dec 30, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 da.
Due to Arteriosclerosis	1½ yr.
Due to + Hypertension	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. O. Pulu (M. D. or other)
Address 2505 W. Lowman Date signed 1/2/45

(Licensed Embalmer's Statement on Reverse Side)

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. John Ogonoske

Licensed Embalmer No. 3348

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.