No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 50

Primary Registration District No. 1003

Registrar's No. 147

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: St. Luke's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 7 Days years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Illinois (b) County Madison
(c) City or town Alton (If outside city or town limits, write "RURAL")
(d) Street No. 808 Henry St. (If rural, give location) NR.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Benjamin Bennett
3. (b) If veteran, name war None
3. (c) Social Security No. 327-07-4641
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Mercer Bennett
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased November (Month) 6 (Day) 1909 (Year)

8. AGE: Years 35 | Months 2 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Macoupin County, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation High Explosive Operator
11. Industry or business Powder Company.
MOTHER FATHER
12. Name Benjamin Franklin Bennett
13. Birthplace Greene County (City, town, or county) Illinois (State or foreign country)
14. Maiden name Mary E. Sheehe
15. Birthplace Jersey County (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Elizabeth Bennett
(b) Address 808 Henry St. Alton, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Illinois.
18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Ill.
19. (a) JAN 9 1945 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6 year 1945 hour 2 minute 9 A. M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____;
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the Cervicle Vertebra with injury to Cord. when he lost Control of the Automobile which he was Driving due to due on the highway Dec. 30 1944 (Duration)

Due to Cond. should deposit a bridge abutment a half mile east of Bethalto Illinois Highway #40 around 5:00 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 10
Of autopsy 27

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) Accident 3/0
(b) Date of occurrence Dec. 30 1944
(c) Where did injury occur? Bethalto (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? (e) Means of injury Car Abang

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 1/8/45

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 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 Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.