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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21150

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1111

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")
(d) Street No. 5074a Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John BENSON

3. (b) If veteran, name war Warld War I
3. (c) Social Security No. 500-18-4157

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 9
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years

7. Birth date of deceased April 27, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	0	17	hr. min.

9. Birthplace Annapolis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Cook
11. Industry or business Restaurant

FATHER
12. Name Edward Benson
13. Birthplace (City, town, or county) Sweden (State or foreign country) 4

MOTHER
14. Maiden name Katie Stuckey
15. Birthplace (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Clinical Clerk, Vet.Adm.Fac.,
(b) Address Jdfferson Barracks, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 18-45 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM.
18. (a) Signature of funeral director C. Hoffmeister U & L Co
(b) Address 7814 S. Broadway
19. (a) 5-17-45 (Date received local registrar) (b) E G McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1945 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from April 27, 1945, to May 14, 1945;
that I last saw him alive on May 14, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive and Coronary Arteriosclerotic Heart Disease with Myocardial Damage and Insufficiency	Unknown
Due to 93d	
Due to Nephritis, chronic, with Nitrogen retention	Unknown
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis, generalized	

Major findings:
Of operations No operation
Of autopsy No 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) No
(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 E.V. EDWARDS, Major, M.C. (M. D. or other)
Address Vet.Adm.Fac., Jeff.Brks., Mo Date signed 5/15/45

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 63

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.