

FILED AUG 3 1945

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
2208 S. 3rd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **1** (Specify whether
In this community.....
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..... **2208 S. 3rd Street**
(If rural, give location)
(e) Citizen of foreign country?..... **0** (Yes or No)
If yes, name country.....

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173

3. (a) PRINT FULL NAME **Brank Bennish**

3. (b) If veteran, name was **Spanish American** No. 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 **Kate Bennish** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **October 21, 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 **8** **26** hr. min.

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

10. Usual occupation **retired**

11. Industry or business.....

12. Name **Joe Bennish**

13. Birthplace **Austria**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Austria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Bennish**

(b) Address **2208 S. 3rd Street**

17. (a) **Burial** (b) Date thereof **July 23/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 S. Grand Bl.**

19. (a) **JUL 23 1945** (b) **J. J. Bensen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**
year **1945** hour **5** minute **45** P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Coronary Sclerosis
Atherosclerosis
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 9 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) (c) Means of injury **3**
23. Signature **John E. Taylor** (M. D. or other)
Address **124 E. 1st St.** Date signed **7/23/45**

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

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.....

Not Embalmed.....

Registered Apprentice No.....

working under my personal supervision.

Signed *Wm. C. Stewart*.....

Licensed Embalmer No. **3722**.....

P. O. Address **412 Duchouquette St.**.....

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.