V. S. No. 2
0M—8-43
ev. 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 SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25428

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7544

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:
3733 Lindell Blvd.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3733 Lindell Blvd 9 19
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ida C. Benson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

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

7. Birth date of deceased October 14 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	10	15	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Kilyon Rexroth
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant C. W. Benson
(b) Address 46 Berkshire Drive Richmond Hgts

17. (a) Burial (b) Date thereof Aug 31 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenheim Bros.
(b) Address 6409 Gravois Ave

19. (a) AUG 29 1945 J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day August
year 1945 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Aug 22, 1945, to Aug 29, 1945
that I last saw her alive on Aug 28, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ac. Cardiac Dilatation	1 day
Ch. Myocarditis	several years.
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93

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. S. Ziegelmeyer (M. D. ~~or other~~)
Address 918 Mo. Theatre Bldg Date signed 8/29/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Juzgahmeyer
Mo. Theatre Bldg
Je. 3899
3 to 4

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 Homer W. Fritz

Licensed Embalmer No. [illegible]82

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.