S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7237

FILED FEB 20 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1404

1. PLACE OF DEATH:

(a) County st. LOUIS MO.

(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 ISOLATION HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-30-45-2 TO 2-10-46 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town CITY (If outside city or town limits, write "RURAL") 17

(d) Street No. 3525 NORTH TAYLOR (If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME MAGDALENE BENJAMIN

3. (b) If veteran, name war - ----

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 25 (Day) 1871 (Year)

8. AGE: Years 74 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name THOMAS GRAY
13. Birthplace MO. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELEANOR /?
15. Birthplace MO. (City, town, or county) (State or foreign country)

16. (a) Informant CITY INFIRMARY RECORDS

(b) Address 5800 ARSENAL ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/46 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) FEB 11 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10 year 1946 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 3 10A, 19 , to April 30, 19 ; that I last saw h alive on 45 Feb. 10 19 46 and that death occurred on the date and hour stated above. Feb. 10

Immediate cause of death Generalized Arterio - Sclerosis

Due to Arterio Sclerotic Heart Disease

Due to Senile Psychosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 Palmer Romaine Bowdrah (M. D. or other)

Address 5800 Arsenal Date signed 2-10-46

(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 Frank Wyland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo.

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.