

FILED MAR 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 11

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 669

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Berliner Nursing Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 Months.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6437 Derby Avenue. (14)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Belle Bennett.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles Bennett. 6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased June 7, 1871.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 11 _____ hr. _____ min.

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

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name Gruner Boyd. G

13. Birthplace Dont know. (City, town, or county) (State or foreign country)

14. Maiden name Dont know.

15. Birthplace Dont know. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Bennett.

(b) Address 7000 St. Charles Road.

17. (a) Burial (b) Date thereof 3-20-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 3/21/46 (b) E. J. Mc Lauran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th.
year 1946 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb. 1-46
_____ 1946, to Mar. 18 1946;
that I last saw her alive on Mar. 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days
Due to cerebral hemorrhage 2 weeks

Due to 43 a
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy None
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?
While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Ray A. Wallace (M. D. or nurse)
Address 2438 Woodson Rd. Date signed 3-18-46

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

Dr. R.A.Walthers.
2438 Woodson Road.
Telephone Winfield 0256
Hours 2 to 4 P.M.

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 Clement McQuay
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.