

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF HEALTH STATISTICS
FILED APR 20 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10897**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2340**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Deaconess Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 weeks**
In this community **63 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. Frank Benner**
3. (b) If veteran, name war **yes none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mrs. Sophia Benner** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **November 14- 1882**
(Month) (Day) (Year)

8. AGE: Years **63** Months **3** Days **25** If less than one day hr. min.

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

10. Usual occupation **Night watchman**

11. Industry or business **Watson Mfg. Co.**

MOTHER FATHER

12. Name **Frank Benner**

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

14. Maiden name **Johanna**

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

16. (a) Informant **Mrs. Sophia Benner**

(b) Address **2301 N. 10th. St**

17. (a) **Burial** (b) Date thereof **3-12-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Hy. Leidner U. Co.**
(b) Address **2223 St. Louis Ave.**

19. (a) **APR 11 1946** (b) **J. F. Predeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **foo**
(c) City or town **St. Louis 10th. St.**
(If outside city or town limits, write "RURAL")
(d) Street No. **2301 N. 10th. St.**
(If rural, give location) **2690**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **9th.**
year **1946** hour **1:55 PM** minute M.

21. I hereby certify that I attended the deceased from **1-22**
1946 to **3-9** **1946**
that I last saw him alive on **3-9** **1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Nephro-sclerosis**

Due to **131**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **Nephro-sclerosis**

Duration

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) (e) Means of injury

23. Signature **Edna M. Stone** (M. D. or other)
Address **4916 Odell** Date signed **3-10-46**

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

Edna Stone
4916 Odell

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 John P. Beckholz
Licensed Embalmer No. 1674
P. O. Address. 2223 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.