

FILED APR 5 1946 318

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

3016

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:  
St. Anthony Hospital,  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 4 days  
(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. 3109 Meramec St.,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Wm. G. Benz,

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

3. (c) Social Security  
No. 488-09-5442

4. Sex Male, 5. Color or race White  
6. (a) Single, widowed, married,  
divorced Married  
6. (b) Name of husband or wife.....  
Mary Benz  
6. (c) Age of husband or wife if  
alive. 66 years  
7. Birth date of deceased September 12, 1878,  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 .6 17 hr. min.

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

10. Usual occupation Funeral Director,

11. Industry or business Gebken-Benz Mortuary,

12. Name Charles Benz,

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

14. Maiden name Elenora Lautus

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

16. (a) Informant Mary Benz,

(b) Address 3109 Meramec St.,

17. (a) Burial (b) Date thereof 4-3-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Gebken-Benz Mortuary,  
2842 Meramec St.,

(b) Address

19. (a) MAR 31 1946 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th  
year 1946 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from 8-1-41 to  
March -28, 1946,  
that I last saw him alive on 3-28-46, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic myocarditis

Due to.....  
Due to.....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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?..... (c) Means of injury.....

23. Signature J. P. Jerns (M. D. or other)

Address 406 S. 50 Grand Date signed 3/29/46

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

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**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 *Laron C. Percy*.....

Licensed Embalmer No. 4094.....

P. O. Address..... 2842 Meramec St.,  
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.**