S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20214

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21345

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 1372

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
114 Tulip Dr.
(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 Mo. (b) County St Louis

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

(d) Street No. 6914 Fyler Ave.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Helen Benson

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 7 (Month) 1 (Day) 1877 (Year)

8. AGE: Years 68 Months 11 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

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

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

16. (a) Informant C. Kenneth Benson
(b) Address 6914 Fyler Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 28 (Day) 46 (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) 6-27-46 (Date received local registrar) (b) E. D. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1946 hour 8 minute 30 a.M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....;
that I last saw her alive on June 25, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension Heart disease	2 yrs.
Due to 93 d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 A. T. Quinn (M. D. or other)
Address 6917 Fyler Date signed 6/26/46

(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 Richard W. Storrsand

Licensed Embalmer No. 4007

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.