

1-43
7-39
K38871

FILED DEC 31 1948

Registration District No. _____

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6306 Southwood Ave.
(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 Missouri (b) County 91

(c) City or town Clayton 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6306 Southwood Ave. 3
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME JESSIE KAUFMAN BENESCH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Max Benesch 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 25 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>--</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

12. Name Adolph Kaufman 4

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

14. Maiden name Fannie Furth

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

16. (a) Informant Aaron G. Benesch

(b) Address 6306 Southwood Ave.

17. (a) Burial (b) Date thereof 12-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindfleisch

(b) Address 5216 Delmar Blvd.

19. (a) 12-23-46 (b) Ruth Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1946 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 6 to Dec. 19, 1946, that I last saw him alive on Dec. 19, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis

Due to _____

Due to 93d

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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 Jerome L. Hinson M. D. or other M.D.
Address 508 N. Grand Date signed 12/29/46

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

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..... *H.P. Burgess*

Licensed Embalmer No..... *4029*

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.