S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2244

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 327

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5110a Southwest Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lena Bennett

3. (b) If veteran, name war None

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 Late Henry

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 10 (Day) 1881 (Year)

8. AGE: Years 65 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

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

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

16. (a) Informant Margaret Cox
(b) Address 5110a Southwest Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 13 47 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter&Paul Cem.

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

19. (a) JAN 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th year 1947 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 1939 to 10 Jan. 1947 that I last saw h. alive on 10 January 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis (anterior infarction)	13 days
Due to: Coronary arteriosclerosis	7 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Essential hypertension	10 yrs.

Major findings:
Of operations
Of autopsy Permission refused

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 0

23. Signature Truman G. Drake (M. D. or other)
Address 114 N. Taylor, St. Louis Date signed 11 Jan. '47

(Licensed Embalmer's Statement on Reverse Side)

327

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. Stovesand

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.