

S. No. 2  
1-4-41  
7-5-17-39  
X26390

FILED JAN 23 1947

Registration District No. **17**

Primary Registration District No. **6076**

Registrar's No. **121**

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **Pine Lawn**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Shamrock Rest Home**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Day**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Mary E. Benson**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
 6. (b) Name of husband or wife **Alonzo G. Benson** 6. (c) Age of husband or wife if alive **years**  
 7. Birth date of deceased **June 9, 1865**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>81</b>	<b>7</b>	<b>10</b>	hr. min.

9. Birthplace **Concord, N. C.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business  
 12. Name **John M. Rendleman**  
 13. Birthplace **North Carolina**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mary E. Tucker**  
 15. Birthplace **North Carolina**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles M. Benson**  
 (b) Address **4010A Lexington Ave.**

17. (a) **Burial** (b) Date thereof **Jan. 22, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Vienna, Illinois**  
**Paschedag-Henke**

18. (a) Signature of funeral director  
 (b) Address **2825 N. Grand Blvd.**

19. (a) **1-20-47** (b) **Ruth J. Allen**  
(Date received local registrar) (Registrar's signature)

**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. **4010A Lexington Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan.** day **19th**  
 year **1947** hour **7** minute **20P.** M.  
 21. I hereby certify that I attended the deceased from **Jan. 15** 1947 to **Jan. 19** 1947;  
 that I last saw **her** alive on **Jan. 19** 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Auricular Fibrillation** **1 day**  
 Duration

Due to **Chronic myocarditis** **years**

Due to **Diabetes** **years**

Other conditions **Diabetes severity** **years**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **none**  
 Of autopsy **none**  
**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 **John A. Hartwig** (M. D. or other) **M.D.**  
 Address **2867 N. Grand** Date signed **1/20/47**

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.....

*W. Wilkins*

Licensed Embalmer No.....

*3575*

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.**