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

10542

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 100c Registrar's No. 3674

1. PLACE OF DEATH:

(a) County None

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

(c) Name of hospital or institution: 2421 Goode Avenue 1
(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 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None 000

(c) City or town Saint Louis 1/17
(If outside city or town limits, write "RURAL")

(d) Street No. 2421a Goode Avenue 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME BENJAMIN, Solomon

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

3. (c) Social Security No. --

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Fannie

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased MAY 20th 1879 (Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 12 ~~22~~ If less than one day hr. min.

9. Birthplace Pensacola (City, town, or county) Flordia 1 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

FATHER 12. Name McGale Benjamin 9

13. Birthplace Unavailable (City, town, or county) 1 (State or foreign country)

MOTHER 14. Maiden name Ida Unavailable

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

16. (a) Informant Fannie Benjamin

(b) Address 2421a Goode Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) APR 7 1947 (Date received local registrar) J. F. Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1947 hour 8 minute 30 p. m.

21. I hereby certify that I attended the deceased from Feb. 26 1947, 19..., to Apr 2 1947 that I last saw him alive on April 2nd 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	unknown
Due to	
Due to	
Chronic Cholecystitis	unknown
Other conditions (Include pregnancy within 3 months of death) Non-calculous	

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) no

(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) C

While at work? — (e) Means of injury —

23. Signature Dale W. Loescher (M. D. or other) M. D.

Address 3904 Laclede Avenue Date signed 4/7/47

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.