

FILED MAR 31 1947

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution City Hospital O
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2255a Shenandoah
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Joseph Benz

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 15
year 1947 hour 6 minute 55 a.m.

4. Sex Male O 5. Color or race White 6. (a) Single, widowed, married, divorced Single O

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: February 12 1947
(Month) (Day) (Year)

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

8. AGE: Years _____ Months _____ Days 23
If less than one day _____ hr. _____ min.

Immediate cause of death _____
Kovici Hepatitis

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

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation None

MOTHER FATHER

11. Industry or business _____

12. Name Fred Benz

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

14. Maiden name Helen Kohlen

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

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? _____

16. (a) Informant Helen Benz

(b) Address 2255a Shenandoah

17. (a) Burial (b) Date thereof 3/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 3/6/47

18. (a) Signature of funeral director J. H. [Signature]

(b) Address 2630 Gravois

19. (a) MAR 6 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

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..... *Robert F. Gebken*

Licensed Embalmer No..... **4144**

P. O. Address..... **2630 Gravois Ave.**

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.