S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18601

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5253

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 da (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 9057 Burton 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE BENHAM
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 5 1946 (Month) (Day) (Year)

8. AGE: Years 1 — Months 0 1 — Days ~~30~~ 18 — If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business

MOTHER FATHER
12. Name Clyde Benham
13. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
14. Maiden name Irene Amptmann
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Clyde Benham
(b) Address 9057 Burton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection
18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo
19. (a) MAY 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1947 hour 10:20 minute A M.
21. I hereby certify that I attended the deceased from 5/20/47, 19..., to May 23rd, 19 47 that I last saw him alive on May 23rd, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchopneumonia (Rand)
Due to Pertussis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature F. K. Koenne M.D. (M. D. or other) 5/23/47
Address 1515 Lafayette Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

2253

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 Al C Ostmann

Licensed Embalmer No. 3478

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.