. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18602

FILED JUN 13 1947 318

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 5504

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2121 Walnut 9
(If rural, give location)

22 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Robert Bennett

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 Wid. 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April (Month) 10 (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	1	20	..... hr. ..... min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Labofer

11. Industry or business .....

FATHER
12. Name Dallas Bennett 1
13. Birthplace Kan. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Luckett
15. Birthplace Kan. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Rhodes
(b) Address 2601 N Whittier

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

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutgers St

19. (a) JUN 3 1947 (Date received local registrar) J. F. Bennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1947 hour 8 minute 40 A M.

21. I hereby certify that I attended the deceased from May 13, 1947 to May 30, 1947; that I last saw him alive on May 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Miliary Tuberculosis Lungs involved	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Yes

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 Edw B. Williams (M.D. or other)

Address 2601 N Whittier Date signed 6/3/48

Jefferson City Printing Co.

(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.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.