V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22975

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1492

96
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 6/28/47 (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 4106 Beechwood Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LUKE, Benjamin
3. (b) If veteran, name war World SPAW
3. (c) Social Security No. 493 03 2401
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 4, 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Hermann, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, Vet. Adm. Hospital,
(b) Address Jefferson Barracks, Missouri
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Theodore Cemetery Flint Hill Mo.
18. (a) Signature of funeral director Mark Tiernon
(b) Address 6100 W. Florrisant, St. Louis, Mo.
19. (a) 7-7-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1947 hour 10:50 minute P M.
21. I hereby certify that I attended the deceased from June 28, 1947 to July 4, 1947;
that I last saw him alive on July 4, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease, Hypertensive and Arteriosclerotic with myocardial
Due to Enlargement
Due to 93D
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations No Operation
Of autopsy No Autopsy

Duration

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) 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)
While at work? (e) Means of injury
Signature L. E. Stewart (M. D. or other)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 7/5/47

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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address St. Louis Mo

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.