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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

Registration District No. 518

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25307

Registrar's No. 7262

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: Christian Hosp. O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~Hours~~ ½ Day (Specify whether years, months or days)
In this community NONE

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. 8 754 Ponce St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME HERBERT BENNETT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE O

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband or~~ wife HELEN BENNETT

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased MAY (Month) 4 (Day) 1914 (Year)

8. AGE: Years 33 Months 2 Days 27 If less than one day hr. min.

9. Birthplace CENTRALIA (City, town, or county) Ill. (State or foreign country)

10. Usual occupation CLERK

11. Industry or business ~~MARTY BENNETT~~

MOTHER FATHER

12. Name MARTY BENNETT

13. Birthplace JEFFERSON (City, town, or county) Co Mo. O (State or foreign country)

14. Maiden name LENA SHELTON

15. Birthplace ARGYLE (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Helen Bennett

(b) Address 754 Ponce St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 5-1947 (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM Cem.

18. (a) Signature of funeral director Frederick F. Hamer

(b) Address 8319 Hello Ferry Rd.

19. (a) AUG 4 1947 (Date received local registrar) (b) F. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 1 year 1947 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 7-30, 1947 to 8-1-47, 19; that I last saw him alive on 8-1-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Heart block — Duration 1 h

Due to Acute Myocarditis etc. — 3 days

Due to Hepatic Congestion

Other conditions (Include pregnancy within 3 months of death)

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)

(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 O

23. Signature Geo. A. Mellies (M. D. ~~or other~~)

Address 2739 N. Grand Date signed 8/2/47

(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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Elmo R Cadwell

Licensed Embalmer No. 4077

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.