S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25308

Registration District No. 918 Primary Registration District No. 1003 Registrar's No. 6598

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: City Infirmary (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) 56 yrs. In this community

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. ~~5800 Arsenal St.~~ 917 Belt Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex male
5. Color or race col.
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Blanche
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) 5 (Day) 1861 (Year)

8. AGE: Years 85 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
12. Name William Bennings
13. Birthplace unk. (City, town, or county) (State or foreign country)
14. Maiden name Mary ?
15. Birthplace unk (City, town or county) (State or foreign country)
16. (a) Informant City Infirmary,
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD CEM
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) JUL 14 1947 (Date received by registrar) (b) J. F. Bruscke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1947 hour 10:15 a.m. minute M.
21. I hereby certify that I attended the deceased from Jan. 1, 1947 to July 9, 1947 19, to 19; that I last saw him alive on July 9, 1947 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Senile MH senile dementia 16 yrs — Several years
Due to: hypertension 9 yrs — Several years
Due to: arteriosclerosis general 9 yrs
Other conditions (Include pregnancy within 3 months of death): 97 yrs old

Major findings:
Of operations: Urinary
Of autopsy: Tumor of the bladder
Cancer of the bladder

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes (violence) 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 W. P. Shannon (M. D. or other)
Address 5800 Arsenal Date signed 7-9-47

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 Fulton E Culkin

Licensed Embalmer No. 498

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.