

FILED AUG 4 1947
818

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6945

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution:
St. Louis City Hosp #1
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-0
(c) City or town St. Louis Mo.
(d) Street No. 4231 1/2 Gibson
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CARRIE BENTON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Erastus 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct 4 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 19 If less than one day hr. min

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

10. Usual occupation Homemaker

11. Industry or business Home

12. Name Mrs. JARNEY MARTIN

13. Birthplace Iron Mo.
(City, town, or county) (State or foreign country)

14. Maiden name PETERS

15. Birthplace W.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Erastus Benton

(b) Address Cuba, Mo.

17. (a) Funeral (b) Date thereof 7-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kindle C.M.

18. (a) Signature of funeral director Paul R. Bremer
(b) Address Cuba, Mo.

19. (a) JUL 26 1947 (b) J. F. Bremer
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23
year 1947 hour 5 PM minute 0 M.

21. I hereby certify that I attended the deceased from 6-13-1947 to 7-23-1947
that I last saw her alive on July 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hepato-Renal Failure
Due to Common Duct Obstruction

Due to Chronic Fibrous Pancreatitis
Other conditions Ovarian cyst

Major findings: Of operations Same - Cholecysto-jejunostomy and nephrectomy
Of autopsy Cholecysto-jejunostomy and nephrectomy

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 Arthur R. Dalton M.D. (If Doctor)
Address City, Mo. Date signed 7/23

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

6945

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

Paul C. Thaulth
working under my personal supervision. *J. R. Chapman*

Registered Apprentice No. *# 2*

Signed *Paul C. Thaulth*

Licensed Embalmer No. *3472*

P. O. Address *Cuba, 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.