

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28833
Registrar's No. 7298

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2328 S. 3rd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mad
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2328 S. 3rd St. (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Bennish
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 28, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>10</u>	<u>7</u>	hr. _____ min.

9. Birthplace Austria (City, town, or county) (State or foreign country)
10. Usual occupation Retired

11. Industry or business _____
12. Name Joseph Bennish
13. Birthplace Austria (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lizzie Beck
(b) Address 3716 French

17. (a) Burial (b) Date thereof 8-7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.
19. (a) AUG 5 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th
year 1947 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from 1946 to Aug 4, 1947
that I last saw him alive on Aug, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Senility
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration 5 yrs
5 yrs

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address 2000 S. Broadway Date signed 8-5-47

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

MOTHER FATHER

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.....

James R. Dunn

....., Registered Apprentice No. **403**

working under my personal supervision.

Signed

Sam A. Stewart

Licensed Embalmer No. **3722**

P. O. Address **2201 S. Grand Bl.**

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.