

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: 5331 Wells
 (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: Mo (b) County: one
 (c) City or town: St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 5331 Wells
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME: William Bennett

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1947 hour 9:21 minute _____ P. M.

21. I hereby certify that I attended the deceased from 12/7/47 to 12/13/47 that I last saw him alive on 12/9/47 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebro-vascular accident Duration 2-3h

Due to: Hypertensive heart disease with cardiac decompensation 3-4 yrs

Due to: Coronary-vascular disease

Other conditions: Emphysema (Include pregnancy within 6 months of death)

Major findings: 131

Of operations: _____ Of autopsy: _____

PHYSICIAN

Underline the cause of which death should be charged statistically.

5. Color: Wh 6. (a) Single, widowed, married, divorced: Married
 4. Sex: Male
 6. (b) Name of husband or wife: Luella 6. (c) Age of husband or wife if alive: 60 years
 7. Birth date of deceased: September 17 1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 22 If less than one day _____ h _____ min

9. Birthplace: St. Louis Mo (City, town or county) (State or foreign country)

10. Usual occupation: Interior Decorator

11. Industry or business: _____

12. Name: John Bennett

13. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)

14. Maiden name: nick

15. Birthplace: nick (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Bernard Evers

(b) Address: 5331 Wells

17. (a) Burial: Memorial Park (b) Date there: 12-12-47 (City or town) (County) (State) (Year)

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: John J. Smith

(b) Address: 1225 Union Blvd.

19. (a) Date received local registrar: DEC 11 1947 (b) Registrar's signature: J. F. Bredek

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

MOTHER FATHER

4901 Easton

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 John S. Kenneby
Licensed Embalmer No. 4194
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.