S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14951

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 1148

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 8301 Morganford (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Lemay (If outside city or town limits, write "RURAL")
(d) Street No. 8301 Morganford (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Benz Jr
3. (b) If veteran, name war World War 1
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 5 (Day) 1894 (Year)

8. AGE: Years 54 Months 2 Days 29 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Gardener
11. Industry or business
FATHER
12. Name John Benz
13. Birthplace Switzerland 5 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lizze Backhaus
15. Birthplace Affton (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Bertha Benz
(b) Address 8301 Morganford
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) 5-7-48 (Date received local registrar) (b) Carl A Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1948 hour 9 minute 20 a M.

21. I hereby certify that I attended the deceased from Aug 1st 1946, 19..., to May 4th, 1948 that I last saw him alive on May 4th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteries Sclerosis	2 yrs.
Cerebral Hemorrhage	5 days.
Due to —	
Due to — 83a	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause of 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 —

23. Signature A N Stern M.D. (M. D. or other)
Address 3606 Gravois Date signed 5/5/48

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Grawois

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.