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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUN 21 1948  
518

U.S. DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 20649  
Registrar's No. 5330

Registration District No. 518

Primary Registration District No. 1003

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

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:  
4271 Kossuth Ave.  
(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)

3. (a) PRINT FULL NAME William J. Benner

3. (b) If veteran, name war 1st World War 3. (c) Social Security No. 496-20-8784

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 5 1887 (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation Tool Crib Attendant

11. Industry or business Carter Carb.

12. Name Frank Benner

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Helen Benner

(b) Address 4271 Kossuth

17. (a) Burial (b) Date thereof 6/14/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUN 11 1948 (b) J. F. Brebeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 001  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4271 Kossuth 9  
10 (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1948 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from 1946 to June 10, 1948 that I last saw him alive on June 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 1/2 hr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN Underline the cause to 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?

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

23. Signature Alonzo J. Malley, M.D. (M. D. or other)

Address Date signed

Dr. Mallico.  
Univ. Club.  
8-4

AUG 4 1948

AUG 23 1948

**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 Albert Mayfield

Licensed Embalmer No. 3077

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.**