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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

20655
State File No.
Registrar's No. 6010

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4229 Delor, 9
(If rural, give location)
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(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Donald Bennett
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 9 (Day) 1948 (Year)

8. AGE: Years | Months | Days 26 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation ------
11. Industry or business ------
FATHER
12. Name William D. Bennett
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Alta M. Medlin
15. Birthplace Okla 1 (City, town, or county) (State or foreign country)
16. (a) Informant William D. Bennett
(b) Address 4229 Delor
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa
19. (a) JUL 7 1948 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1948 hour 11 minute P M.
21. I hereby certify that I attended the deceased from June 9th, 1948, to July 5th, 1948;
that I last saw him alive on July 5th, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilatation of Right Ventricle of Heart	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same as above	

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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 Walter T. Gunn (M. D. or other) M.D.
Address 5003 N Sarvis Ave Date signed 7/6/48
Walter T. Gunn

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

0109

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.

Not embalmed

Signed _____

Licensed Embalmer No. _____

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.