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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUL 14 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21773  
Registrar's No. 1605

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 31 days  
(Specify whether  
In this community 3 years  
years, months or days)

3. (a) PRINT FULL NAME STORMS, Benjamin L.

3. (b) If veteran, name war SPAW 3. (c) Social Security No. 702-05-9856

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 27, 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	1	28	hr. min.

9. Birthplace Marion, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Switchman

11. Industry or business Railroad

MOTHER FATHER

12. Name William Storms

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

14. Maiden name Emma Stansberry

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

16. (a) Informant Registrar - VAH

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 6/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Natl. Cem. Jeff. Brks., Mo.

18. (a) Signature of funeral director Hoffmeister Fun. Home

(b) Address 7814 S. Bdw., St. Louis, Mo.

19. (a) 6-29-48 (b) Cecil A. Sharp  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3925a Blaine Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1948 hour 12 minute 20 p.m.

21. I hereby certify that I attended the deceased from May 25, 1948 to June 25, 1948; that I last saw him alive on June 25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE

Due to FIBROSIS OF LUNGS

Due to 93d

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations \_\_\_\_\_

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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 R. E. Stillwell

23. Signature R. E. Stillwell (M. D. or D. O.)  
Address VAH, Jeff. Brks., Mo. Date signed 6/25/48

Duration  
UNK  
UNK  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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 *Harry J. Schmaack*

Licensee Embalmer No. *2639*

P. O. Address *7814 8<sup>th</sup> Broadway*

**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.**