

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

27676

State File No. \_\_\_\_\_

Registrar's No. 7656

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County St. Louis  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

Jennie C. Evans

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 21 1882  
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Grandale Mo. D  
(City, town, or county) (State or foreign country)

10. Usual occupation house work

11. Industry or business none

12. Name Peter Bensief

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

14. Maiden name unknown

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

16. (a) Informant Maymie Waller

(b) Address R.R. 1, Potosi Mo

17. (a) Burial (b) Date thereof 8-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Potosi Mo.

18. (a) Signature of funeral director Mrs. Luther Sparks

(b) Address Potosi Mo

19. (a) AUG 31 1948 (b) G. F. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Near Potosi Mo  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug. day 27  
year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 24, 1948, to Aug 27, 1948;  
that I last saw him alive on Aug 27, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia  
(Post-operative)  
Due to Vaginal hysterectomy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 139  
(Include pregnancy within 3 months of death)

Major findings: Of operations Vaginal hysterectomy

Of autopsy Broncho-pneumonia  
Edema of brain

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 Anthony D. Ray (M. D. or other) \_\_\_\_\_

Address 3720 Washington Date signed 8-30-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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.....  
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.**