FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1949

Registration District No. 7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 72785

Registrar's No. [redacted]

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jefferson Barracks (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: 115 Days (Specify whether years, months or days)

In this community: 30 years

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.: 3507 California Ave., (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: BENNETT, John

3. (b) If veteran, name war: Spanish-American

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: -

6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased: November (Month) 16 (Day) 1875 (Year)

8. AGE: Years 73 Months 1 Days 3 If less than one day hr. min.

9. Birthplace: Houghton County (City, town, or county) Michigan (State or foreign country)

10. Usual occupation: Maintenance man

11. Industry or business:

FATHER

12. Name: Tom Bennett

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

MOTHER

14. Maiden name: Mary Kitto

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

16. (a) Informant: Registrar, VA Hospital

(b) Address: Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 22, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Nat'l. Cem. Jeff. Bks. Mo.

18. (a) Signature of funeral director: Beiderwieden Fu. Home

(b) Address: 3620 Chippewa, St. Louis, Mo.

19. (a) 12-21-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19 year 1948 hour 4:07 minute P. M.

21. I hereby certify that I attended the deceased from August 26, 1948 to December 19, 1948 that I last saw him alive on December 19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: HEPATOMA	Unk
Due to:	
Due to: Contributory cause: CACHEXIA	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Autopsy performed (See cause of death)	

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): None

(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 home, farm, industrial place, public place)

While at work?

23. Signature: L. E. Stilwell Chief, Professional Services

Address: VA Hosp. Jeff. Bks. Mo. Date signed: 12/20/48

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 1 1950

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 Thal le Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.