No. 300
10.48

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17068 4421

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 754 Ponce St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cor
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo. 17
d. STREET ADDRESS (If rural, give location): 754 Ponce St.

3. NAME OF DECEASED (Type or Print)
a. (First): Malty
b. (Middle): H.
c. (Last): Bennett

4. DATE OF DEATH (Month) (Day) (Year): May 17 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May - 27 1883
9. AGE (In years last birthday): 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Repair Man
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Dix Ill.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: John M. Bennett
13b. MOTHER'S MAIDEN NAME: Emma Fields
14. NAME OF HUSBAND OR WIFE: Augusta Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 702-05-3226
17. INFORMANT'S SIGNATURE OR NAME: Augusta Bennett — ADDRESS: 754 Ponce St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ✓ 95 N.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓ 443 X

22. *I hereby certify that I attended the deceased from* 1-2-, 1945, *to* 5-10-, 1949, *that I last saw the deceased alive on* 5-10-, 1949, *and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cawhite, M.D.
23b. ADDRESS: 634 L. Grand
23c. DATE SIGNED: 5/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burrial
24b. DATE: May 20/49
24c. NAME OF CEMETERY OR CREMATORY: New Bethelhem Cem
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: May 18 1949 J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Diedrich Funeral Home — ADDRESS: 8319 Halls Ferry Rd

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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

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