

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27859
State File No. 7100

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <i>St. Louis, Mo.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		17 th			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>2330 West Pine St.</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Axel</i> b. (Middle) <i>K</i> c. (Last) <i>BENSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 13 49</i>						
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Sept 25 1888</i>			
9. AGE (In years last birthday) <i>60</i>		IF UNDER 1 YEAR Month <i>10</i> Day <i>18</i>		IF UNDER 24 HRS. Hours <i></i> Min. <i></i>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <i>Carpenter</i>			11. BIRTHPLACE (State or foreign country) <i>Sweden</i>			
12. CITIZEN OF WHAT COUNTRY? <i>4</i>			13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Donaldson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mary Benson</i>				ADDRESS <i>4330 W. Pine</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio Sclerotic Heart Disease</i>		ANTECEDENT CAUSES DUE TO (b) <i>Hypertension Serious</i>							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>102</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H H H X</i>					
22. I hereby certify that I attended the deceased from <i>July 2nd 49</i> to <i>Aug 13, 1949</i> , that I last saw the deceased alive on <i>Aug 13, 1949</i> , and that death occurred at <i>5:30 P.M.</i> from the causes and on the date stated above.									
23a. SIGNATURE <i>A. M. Charnas M. D. McPhetie D.D.S.</i>				23b. ADDRESS <i>City Hospital</i>				23c. DATE SIGNED <i>8-17-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>8-16-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>			
DATE REC'D BY LOCAL REG. <i>AUG 15 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>William S. ...</i>			
						ADDRESS <i>2849 ...</i>			

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

Dr. R. M. Charnas.
Mo. Thre Bldg.

OCT 21 1954

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed

Gustav W. Deutche

Signed.....
Student Embalmer

Licensed Embalmer No. *4329*

P. O. Address

St. Louis, Mo

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.