No. 300
10-48

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3069 State File No. 39579

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4422

96
8
3

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

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights
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) St. Mary's Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cro
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
d. STREET ADDRESS (If rural, give location) 5854 Romaine Place

3. NAME OF DECEASED (Type or Print) a. (First) Sadie b. (Middle) Mae c. (Last) Benoist

4. DATE OF DEATH (Month) (Day) (Year) Nov 14 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 20 1883
9. AGE (In years last birthday) 66 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY .....
11. BIRTHPLACE (State or foreign country) St.Joseph Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Anton Peltier
13b. MOTHER'S MAIDEN NAME Sophia Lovelett
14. NAME OF HUSBAND OR WIFE Wm. Benoist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) .....
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Wm,Benoist, 5854 Romaine ADDRESS

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) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH 3:00 p.m. 11/14/49

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis with left side paralysis. — 11/7/49
DUE TO (c) Cardio Vascular Disease with Hypertension.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis — 443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443X
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19/, 1948, to Nov 14th, 1949, that I last saw the deceased alive on Nov 14th 1949 and that death occurred at 4.45 P.M. from the causes and on the date stated above.

23a. SIGNATURE James P. Hadley (Degree or title)
23b. ADDRESS 634 North Grand
23c. DATE SIGNED 11/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 17 1949
24c. NAME OF CEMETERY OR CREMATORY St.Ferdinand.Cemt.
24d. LOCATION (City, town, or county) (State) St.Louis County Mo.

DATE REC'D BY LOCAL REG. 11-16-49
REGISTRAR'S SIGNATURE Herbert R. Womke MD
25. FUNERAL DIRECTOR'S SIGNATURE Jos.W. Clark ADDRESS 1125 Hodiamont Ave

(Licensed Embalmer's Statement on Reverse Side)

Dr.J.P. Wade
Mo. Th Bldg
1 to 4 Pm.

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 J. W. M. Bradley
Licensed Embalmer No. 365
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.