

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3286**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **130**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Clayton Richmond Heights</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>63</b> OR TOWN <b>Rock Hill</b> <b>4631</b>	
c. LENGTH OF STAY (in this place) <b>9 wks.</b>		d. STREET ADDRESS (If rural, give location) <b>841 Raritan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GUSTAVE</b>	b. (Middle) <b>PAUL</b>	c. (Last) <b>BENNER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 13, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 3, 1907</b>	9. AGE (In years last birthday) <b>42</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Franklin Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Gustave P. Brenner</b>	13b. MOTHER'S MAIDEN NAME <b>Merta Williams</b>	14. NAME OF HUSBAND OR WIFE <b>Roberta Benner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give branch or dates of service) <b>WW #2</b>	16. SOCIAL SECURITY <b>497-07-9907</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Roberta Brenner, 841 Raritan, Rock Hill, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b>		<b>2 months</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		<b>4201</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bilateral pulmonary infarction</b>		<b>23 days</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 13, 1949**, to **Jan 13, 1950**, that I last saw the deceased alive on **Jan 12, 1950**, and that death occurred at **7:10 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>CH Hockelman M.D.</b>	23b. ADDRESS <b>U. 2615 Brentwood Blvd. Brentwood 17 Mo.</b>	23c. DATE SIGNED <b>1/14/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-16-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Labadie, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-15-50</b>	REGISTRAR'S SIGNATURE <b>Robert P. Dombke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAY B. SMITH, 7450 Manchester Ave. Maplewood 17, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*W. E. Burgess*

Signed.....

Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.