

FILED JUL 5 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21369

State File No. _____
Registrar's No. 5350

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>12 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2239</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. L. City Hosp. #1.</u>			d. STREET ADDRESS (If rural, give location) <u>1421 Missouri Avenue</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LIDA</u>		b. (Middle) <u>BELLE</u>		c. (Last) <u>BENTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W 2</u>	8. DATE OF BIRTH <u>Oct. 9, 1867</u>	9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Socrates Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Lawrence</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Politte</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dropsy</u>			INTERVAL BETWEEN ONSET AND 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 building, etc.)	21c. CITY, TOWN, OR TOWNSHIP <u>St. Louis</u>	(COUNTY) <u>Mo.</u>	(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no injury</u>	<u>H 7 2, 2</u>		
22. I hereby certify that I attended the deceased from <u>April 19, 1950</u> to <u>6/22, 1950</u> , that I last saw the deceased alive on <u>6/22, 1950</u> , and that death occurred at <u>11:40 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. P. ...</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3903 Olive</u>		23c. DATE SIGNED <u>6/26-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUN 24 1950</u>	REGISTRAR'S SIGNATURE <u>J. P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLAUGHLIN FUNERAL HOME, INC.</u>		
			ADDRESS <u>2301 Lafayette Av</u>		

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

Dr. D.R. Parman, MD
3903 Olive Street

Residence) 7162 Waterman Bl.

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.....
Student Embalmer

Signed

James R Chapman

Licensed Embalmer No. *465-550*

P. O. Address *Helston Groves, N*

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.