FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22179

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 7063 Registrar's No. 1526

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
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. LOUIS COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLAND
d. STREET ADDRESS (If rural, give location): 2233 SIMS

4221

3. NAME OF DECEASED (Type or Print)
a. (First): DELORES
b. (Middle): JEAN
c. (Last): BENO

4. DATE OF DEATH (Month): JUNE (Day): 18 (Year): 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: SEPT 12 1929
9. AGE (In years last birthday): 20 — 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): OFFICE CLERK
10b. KIND OF BUSINESS OR INDUSTRY: McKESSON-ROBBINS DRUG CO
11. BIRTHPLACE (State or foreign country): ST CHARLES MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: EDGAR KNEEMILLER
13b. MOTHER'S MAIDEN NAME: CLAIR BELL VANCLEVE
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME: COLLEEN SIEVERT — ADDRESS: 2233 SIMS OVERLAND MO

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) self-administered nicotine poisoning-Black Leaf insecticide.

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.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 971.8
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Overland, St. Louis, Mo.
21d. TIME OF INJURY (Month): 6 (Day): 18 (Year): 50 (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Ingested "Black Leaf 40" at home.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Arnold J. Willmann (Degree or title): Coroner
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 6/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-22-50
24c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEMETERY
24d. LOCATION (City, town, or county) (State): ST CHARLES COUNTY MISSOURI

DATE REC'D BY LOCAL REG.: 6-21-50
REGISTRAR'S SIGNATURE: Herbert R. Sonke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: BAUMANN BROTHERS — ADDRESS: 2504 WOODSON OVERLAND MO.

(Licensed Embalmer's Statement on Reverse Side)

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 345

.....,

working under my personal supervision.

Student Embalmer No.....

Signed David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland

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

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