

FILED SEP 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27928

BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 4455 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Alton (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Alton (Rural)	
c. LENGTH OF STAY (In this place)		0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home #1		d. STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print) William H Benne			4. DATE OF DEATH (Month) (Day) (Year) Aug 25th, 1950		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 27th 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Co.	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Louise Benne
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Frederick Benne, R#1 West Alton, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 Hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 20 years DUE TO (c) Aortic insufficiency 20 years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4:20	

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14, 1949, to Aug 25, 1950, that I last saw the deceased alive on Aug 20, 1950, and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) C. A. Barnard, M.D.	23b. ADDRESS Postage Has Sign	23c. DATE SIGNED 8/26/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/28/50	24c. NAME OF CEMETERY OR CREMATORY Salem Luth Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
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DATE REC'D BY LOCAL REG. Aug 26 1950	REGISTRAR'S SIGNATURE [Signature]	366	25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home	ADDRESS 8319 Hallsferry
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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.

Signed.....

Licensed Embalmer No.

Signed.....
Student Embalmer

P. O. Address.....

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.