

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38968
Registrar's No. 9836

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hosp.		d. STREET ADDRESS (If rural, give location) 3314 So. Grand		0	
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin (AKA Ben) b. (Middle) Ring c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1950		
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ever married	8. DATE OF BIRTH b. 1880	9. AGE (In years last birthday) ab 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail		11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis engolsky		13b. MOTHER'S MAIDEN NAME Rose Schneider	
14. NAME OF HUSBAND OR WIFE Miss Hannah Ring		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. UNK	
17. INFORMANT'S SIGNATURE OR NAME Hannah Ring		ADDRESS 4327 Olive			
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>P. v. stultosis + pneumonia, bronch. 5 days</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>Paralysis agitans</u>					
19a. DATE OF OPERATION 11-11-50		19b. MAJOR FINDINGS OF OPERATION <u>umbilical hernia repair NOV 11, 1950</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5 Feb. 2	
22. I hereby certify that I attended the deceased from <u>9-7</u> , 19 <u>50</u> , to <u>11-19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-19</u> , 19 <u>50</u> , and that death occurred at <u>110</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Wayne O. Fort</u>		23b. ADDRESS <u>2739 No. Grand</u>		23c. DATE SIGNED <u>11-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/21/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Heb. Cem.	
24d. LOCATION (City, town, or county), (State) University City Mo.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 20 1950 <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson	

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.....

Quir's J. Quiring

Signed.....
Student Embalmer

Licensed Embalmer No. 4929

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.