

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42001

State File No. _____

FILED DEC 18 1950

BIRTH NO. 76173-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10244

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) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		2199
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Memorial Hosp 19</u>			d. STREET ADDRESS (If rural, give location) <u>4225 Washington</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joyce</u> b. (Middle) <u>Ann</u> c. (Last) <u>Bencie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>11-29-50</u>	9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo. S</u>		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME <u>George Bencie</u>		13b. MOTHER'S MAIDEN NAME <u>Peggy Joyce VanHise</u>		14. NAME OF HUSBAND OR WIFE _____	
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>Peggy Bencie</u> ADDRESS <u>4225 Washington</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, asthenia, etc. - It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Delivery</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>None</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.					

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 bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>776X</u>			

22. I hereby certify that I attended the deceased from November 29, 1950, to November 29, 1950, that I last saw the deceased alive on November 29, 1950, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE: <u>Clyde Burkard</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>706 Walton</u>		23c. DATE SIGNED <u>11/30/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blainville</u>		24d. LOCATION (City, town, or county) (State) <u>Blainville Ill</u>
DATE REC'D BY LOCAL REG. <u>DEC 1 1950</u>		REGISTRAR'S SIGNATURE <u>J. P. Laxator</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Moroni & Johnson</u> ADDRESS <u>Hercin Ill</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Issued

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.

Student
Student Embalmer

Signed Howard R. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis Mo

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.