

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2351

BIRTH NO. 86618-50^{add} REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1006 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (In this place) 33 Days 5 Hours	c. CITY (If outside corporate limits, write RURAL and give township) TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY HOSPITAL		d. STREET ADDRESS (If rural, give location) 6006 MAPLE	

3. NAME OF DECEASED a. (First) Beverly (Type or Print) b. (Middle) Jean c. (Last) BENNETT			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 1, 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH DECEMBER 29, 1950	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Days 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME VERNON EUGENE BENNETT		13b. MOTHER'S MAIDEN NAME MARTHA FLO CASH		14. NAME OF HUSBAND OR WIFE none	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V.E. Bennett, 6006 Maple		

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus, congenital</u>		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>atelectasis</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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? 752X

22. I hereby certify that I attended the deceased from DEC. 29, 19 50, to JAN. 1, 19 51 that I last saw the deceased alive on JAN. 1, 19 51, and that death occurred at 6:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) FR Bradley M.D.	23b. ADDRESS 600 S Kingshighway	23c. DATE SIGNED 1/1/51
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1-2-51	24c. NAME OF CEMETERY OR CREMATORY Thayer, Missouri

DATE REG'D BY LOCAL REG. JAN 2 1951	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington
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WRITE PLAINLY—USING UNFAADING 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 me

working under my personal supervision.

Student Embalmer No.

Signed Wm S. Saffin

Signed.....
Student, Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.