

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5858

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>1461</u>	
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> <u>2159</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>15 4751 ALABAMA</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>****</u>		c. (Last) <u>BENACK</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 13, 1951</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JUNE 16, 1880</u>		9. AGE (In years last birthday) <u>70</u>		10. UNDER 1 YEAR Months Days		11. UNDER 2 WKS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTAINENCE MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNHEUSED BUSCH</u>		11. BIRTHPLACE (State or foreign country) <u>OAKVILLE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDWARD BENACK</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISA WARMBRODT</u>		14. NAME OF HUSBAND OR WIFE <u>ELISE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELISE BENACK 4751 ALABAMA, ST. LOUIS, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 8 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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>Recent Respiratory Infection</u>				<u>3 weeks</u>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H201</u>			
22. I hereby certify that I attended the deceased from <u>Jan 25, 1951</u> , to <u>Feb 13, 1951</u> , that I last saw the deceased alive on <u>Feb 12, 1951</u> and that death occurred at <u>8:15 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Burhard W. W. W.</u>		23b. ADDRESS <u>6006 Virginia Ave</u>		23c. DATE SIGNED <u>2-13-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL E. & R. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OAKVILLE, MO.</u>	
DATE REC'D BY LOCAL <u>FEB 13 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. W.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER U. & L. CO.</u>		ADDRESS <u>7814 S. BROADWAY, ST. LOUIS, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

6006 Verger
1:30 - 6:30 p.m.

ml

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 *Harry J. Schumacher*

Signed.....
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7814 Broadway*

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.