

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

9881

State File No. 2951

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
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 town) St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2169
d. FULL NAME OF (If institutional institution, give name of institution) Little Sisters of the Poor 3400 S. Grand Blvd.			d. STREET ADDRESS (If rural, give location) 3400 S. Grand Blvd.		
3. NAME OF DECEASED (Type or Print) Margaret		a. (First)	b. (Middle)	c. (Last) Benson	4. DATE OF DEATH (Month) (Day) (Year) March 28, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH July 8, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houswork	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) 4 Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Benson		13b. MOTHER'S MAIDEN NAME Hanna Sincov		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 ADDRESS Sister Henry 3400 S. Grand Blvd.		
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) Soft pneumonia Bronch. Pn. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of Hip Nov 1950 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1950 Gravel City Hospital				INTERVAL BETWEEN ONSET AND DEATH 1 week
18a. DATE OF OPERATION Nov. 1950	18b. MAJOR FINDINGS OF OPERATION Fracture of Hip		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) Nov. 10 1950 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on the home 1/80XF			
22. I hereby certify that I attended the deceased from Feb 10, 1951, to Feb 28, 1951 , that I last saw the deceased alive on Feb 27, 1951 , and that death occurred at 12:15 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Deceased or title) John H. Gebken MD			23b. ADDRESS 607 76 Grand		23c. DATE SIGNED 2/29/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/30/51	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis MO.		
DATE REC'D BY LOCAL REG. MAR 29 1951	REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.		

(Licensed Embalmer's Statement on Reverse Side)

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.....

Robert F. Gebken

Signed.....

Student Embalmer

Licensed Embalmer No..... **4144**

P. O. Address **2630 Gravois Ave.**

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.