

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13778

State File No. _____

318

1003

Registrar's No. 3055

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|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 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 town) <u>ST. LOUIS MO</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> | | OR TOWN <u>2249</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN BROS. Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3340^a OREGON</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> | | b. (Middle) <u>MICHAEL</u> | | c. (Last) <u>BENNETT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 1 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>AUG. 28 1873</u> | |
| 9. AGE (In years last birthday) <u>77</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED WORKER UNION</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>KANSAS</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>/</u> | | 13a. FATHER'S NAME <u>JAMES BENNETT</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>OLIVE BENNETT</u> | |
| 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 <u>OLIVE BENNETT 3340^a OREGON</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive - cardio - vascular - renal disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>years</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) _____ | | 21f. HOW DID INJURY OCCUR? <u>HH 2-V</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>Mar. 25, 1951</u> to <u>April 1, 1951</u> , that I last saw the deceased alive on <u>1951</u> , and that death occurred at <u>10:15 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Robert Britt</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>M.D. 631 N. Grand Ave., St. Louis, Mo.</u> | | 23c. DATE SIGNED <u>4/2/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>APRIL 4 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>APR 2</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lantier</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kute</u> | | ADDRESS <u>2906 Gravois</u> | |

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Samuel C. Dill

Signed _____
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Darn

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.