

XC-135 069  
CF: Chicago, Ill.  
FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3728

40221

State File No. ....

BIRTH. NO. .... REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3728

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>ADAMS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>QUINCY</b>	
c. LENGTH OF STAY (in this place) <b>268 days</b>		8/30	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>Ill. S&amp;S Home</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>BENJAMIN</b>	b. (Middle) <b>H.</b>	c. (Last) <b>ERNST</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-15-51</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>2-27-89</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lineman</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>LINCOLN, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>ANTHONY ERNST</b>	13b. MOTHER'S MAIDEN NAME <b>MARY TUCKER</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>YES WWI</b>	16. SOCIAL SECURITY NO. <b>333-05-1957</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BKS. MO.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ADENOCARCINOMA OF BRONCHUS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 months</b>
	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? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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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) <b>163x</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-20-51, 1951, to 11-15-51, 1951, and that death occurred at 1:35P m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>D. M.D.</b>	23b. ADDRESS <b>VA HOSPITAL, JEFF. BKS. MO.</b>	23c. DATE SIGNED <b>11-16-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-20-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL</b>	24d. LOCATION (City, town, or county) (State) <b>JEFF. BRKS. MO.</b>
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DATE REC'D BY LOCAL REG. <b>11-18-51</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. HOFFMEISTER</b>	ADDRESS <b>U&amp;L COMPANY 7814 S. Broadway</b>
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WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

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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

*Harry Selman*

Licensed Embalmer No.

*2679*

P. O. Address

*7514 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.