

42758

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10. 48

FILED JAN 16 1952

State File No. 11689
Registrar's No. 11689

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 11689		Registrar's No. 11689					
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>									
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>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6622 A. Michigan</u>									
3. NAME OF DECEASED (Type or Print) <u>William</u>			a. (First)			b. (Middle)			c. (Last) <u>Bennisch</u>				
4. DATE OF DEATH <u>Dec. 30, 1951</u>			5. SEX <u>M</u>			6. COLOR OR RACE <u>W</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>				
8. DATE OF BIRTH <u>May 17, 1908</u>			9. AGE (in years last birthday) <u>43</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffer</u>			11. BIRTHPLACE (State or foreign country) <u>Mo.</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Greasedieck Br.</u>			11. BIRTHPLACE (State or foreign country) <u>Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bennisch</u>				14. NAME OF HUSBAND OR WIFE <u>Genevieve Bennisch</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>489167548</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Genevieve Bennisch</u> ADDRESS <u>6622 Michigan Av.</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.				<p>MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Old Rheumatic Heart Disease</u></p> <p>ANTECEDENT CAUSES <u>(a) Pulmonary Embolism</u></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (a)</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>								INTERVAL BETWEEN ONSET AND DEATH	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>HPLX</u>							
22. I hereby certify that I attended the deceased from <u>1949</u> to <u>30 Dec</u> , 1951, that I last saw the deceased alive on <u>30 Dec</u> , 1951, and that death occurred at <u>522</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Thomas H. Bales MD</u> (Degree or title)						23b. ADDRESS <u>408 Humboldt Bldg</u>			23c. DATE SIGNED <u>31 Dec 51</u>				
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>1, 2, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>				24d. LOCATION (City, town, or county) (State) <u>Lemay Mo.</u>					
DATE REC'D BY LOCAL REG. <u>DEC 3 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und. Co.</u> ADDRESS <u>7420 Michigan Av.</u>							

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

Jan Burd

Hambert Bldg.

10. 27 3

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis 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.