

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14040

State File No.

2178

FILED APR 16 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		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) <u>2 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eureka</u> <u>4990</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Times Beach</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>A</u> c. (Last) <u>Benjamin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4 1952</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>Jan. 14 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter Self.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	

13a. FATHER'S NAME <u>Alfred H. Benjamin</u>		13b. MOTHER'S MAIDEN NAME <u>Esther D. Richardson</u>		14. NAME OF HUSBAND OR WIFE <u>L. Nellie Benjamin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Benjamin, Times Beach</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Canceroma of testicle</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with intra-abdominal metastases</u>		
	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 <u>Dec-1-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Canceroma of Testicle</u>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>178X</u>	

22. I hereby certify that I attended the deceased from Nov-5, 1951, to March-4, 1952, that I last saw the deceased alive on Mar-4, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph Newman M.D.</u>		(Degree or title) <u>0</u>		23b. ADDRESS <u>3201 250 Grand St. James Mo</u>		23c. DATE SIGNED <u>3-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 7 1952</u> <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral, 1905 Union Blvd.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Thos. J. Wayland,
3201a So. Grand.

(2 to 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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.