

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39967

FILED DEC 2 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10467**

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

1. PLACE OF DEATH a. COUNTY <del>4873A Fountain</del>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>4873A</b> b. COUNTY <b>Fountain</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo. 2129</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo.</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4873A Fountain Av. 12</b>		d. STREET ADDRESS (If rural, give location) <b>4873A Fountain Av. St Louis</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eliena</b> b. (Middle) <b>Quarles</b> c. (Last) <b>Bennett</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 11-1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colloid</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH
9. AGE (In years last birthday) <b>53</b>		10. AGE (If UNDER 1 YEAR) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>COOK</b>	
11. BIRTHPLACE (State or foreign country) <b>Monroe County Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Harrison</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Joseph Bennett 4823 A Fount</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-36-8729</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Bennett</b>		ADDRESS <b>4873A Fountain Av City</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</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? 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? <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>4/14, 1951</b> , to <b>11/11, 1952</b> , that I last saw the deceased alive on <b>11/11, 1952</b> , and that death occurred <b>11/11, 1952</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>3136 Chantrelle</b>	
23c. DATE SIGNED <b>11/13/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Nov-16-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>Berkeley, Mo</b>	
DATE REC'D BY LOCAL REG. <b>NOV 13 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>3849 Windsor St. Louis 13, Mo</b>	

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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 *F. G. Green* .....

Licensed Embalmer No. *2963* .....

P. O. Address *4214 Delmar* .....

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.