

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **2853**  
Registrar's No. **0492**

FILED JAN 28 1953

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|  |   |  |   |
|--|---|--|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY<br><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b><br>c. LENGTH OF STAY (in this place) <b>Life</b><br>d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>5071 Ridge Avenue</b> |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY<br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b><br>d. STREET ADDRESS (If rural, give location) <b>5071 Ridge Avenue</b>  |   |
| <b>3. NAME OF DECEASED</b><br>(Type or Print)<br>a. (First) <b>Ada</b><br>b. (Middle)<br>c. (Last) <b>Benson</b>   |   | <b>4. DATE OF DEATH</b><br>(Month) (Day) (Year)<br><b>Jan. 13, 1953</b>  |   |
| <b>5. SEX</b><br><b>Female</b>   | <b>6. COLOR OR RACE</b><br><b>Negro</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><b>widow</b>  | <b>8. DATE OF BIRTH</b><br><b>Nov. 11, 1880</b> |
| <b>9. AGE</b> (In years last birthday) <b>72</b><br>IF UNDER 1 YEAR: Months <b>2</b> Days <b>2</b><br>IF UNDER 12 HRS: Hours <b>2</b> Min.   |   | <b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis, Missouri</b><br><b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>  |   |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>   |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Pvt. Family</b>   |   |
| <b>13a. FATHER'S NAME</b><br><b>Robert Henry Dowell</b>  |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Annie Beasley</b>   |   |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><b>George Benson</b>   |   | <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) <b>No</b><br>(If yes, give war or dates of service)  |   |
| <b>16. SOCIAL SECURITY NO.</b><br><b>unknown</b>   |   | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>Mrs. Ollie Erwin</b>  |   |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |   | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b><br><b>Myocardial Insufficiency</b><br><br><b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br><br>DUE TO (c)<br><br><b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| <b>19a. DATE OF OPERATION</b>  |   | <b>19b. MAJOR FINDINGS OF OPERATION</b>  |   |
| <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   | <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)  |   |
| <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>   |   |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)  |   | <b>21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></b>  |   |
| <b>21f. HOW DID INJURY OCCUR?</b>  |   | <b>22. I hereby certify that I attended the deceased from 1/12, 1953, to 1/13, 1953, that I last saw the deceased alive on 1/12, 1953, and that death occurred at 4:10 P.M., from the causes and on the date stated above.</b>   |   |
| <b>23a. SIGNATURE</b><br><b>Charles E. Gates</b>   |   | <b>23b. ADDRESS</b><br><b>4324 H Eastern</b>   |   |
| <b>23c. DATE SIGNED</b>  |   | <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Removal</b>   |   |
| <b>24b. DATE</b><br><b>1/17/53</b>   |   | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>St. Peter's Cemetery</b>   |   |
| <b>24d. LOCATION (City, town, or county) (State)</b><br><b>St. Louis County, Mo.</b>   |   | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>Charles J. Gates</b>   |   |
| <b>DATE REC'D BY LOCAL REG.</b><br><b>JAN 16 1953</b>  |   | <b>ADDRESS</b><br><b>4107 Finney Ave.</b>  |   |

(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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

**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.