

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7346

State File No.
Registrar's No. **1758**

No. 300
10. 48

FILED MAR 11 1953

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
		d. STREET ADDRESS (If rural, give location) 19 3947 Washington Av	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Benich c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb 14 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Abt 1891
9. AGE (In years last births) Abt 62		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) StoneMason		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Jugoslavia		12. CITIZEN OF WHAT COUNTRY? U S	

13a. FATHER'S NAME Mathew Benich	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marin Vlaih 7126 Stafford Av

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 days Months? 5 years?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES infarct of myocardium Coronary Atherosclerosis DUE TO (b) Arteriosclerosis DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	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) St Louis City Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? No

22. I hereby certify that I attended the deceased from **1953**, to **2-12**, 19**53**, that I last saw the deceased alive on **2-12**, 19**53**, and that death occurred at **44** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Annuel O. Lacy M.D.	23b. ADDRESS 3300 N. Kingshighway	23c. DATE SIGNED 2-14-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/16/53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St Louis Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av	

DATE REC'D BY LOCAL REG. **FEB 16 1953**

REGISTRAR'S SIGNATURE
J. Call Smith M.D.
m88

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

Dale A. Hammer

Licensed Embalmer No.

4533

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.