

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7349**  
Registrar's No. **1916**

FILED MAR 11 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmery Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4361 Washington</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRIS</b> b. (Middle) <b>- E N.</b> c. (Last) <b>BENNETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 17 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	
8. DATE OF BIRTH <b>Feb. 1 1873</b>			9. AGE (In years last birthday) <b>80 yrs</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dont Know</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Hannibal Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		

13a. FATHER'S NAME <b>Nathan Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Carter</b>		14. NAME OF HUSBAND OR WIFE <b>Widower</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>City Infirmery - 5800 Arsenal St.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pulmonary infarction</b>			DUE TO (b) <b>arteriosclerosis, general</b>			<b>18 hrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>adenocarcinoma, prostate</b>			DUE TO (c)			<b>2 yrs</b>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4500 ft</b>	

22. I hereby certify that I attended the deceased from **12/20**, 19**51**, to **Feb. 17**, 19**53**, that I last saw the deceased alive on **Feb. 17**, 19**53**, and that death occurred at **11:05 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William M. Breeney MD</b>			23b. ADDRESS <b>5600 Arsenal St.</b>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/19/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo.</b>
DATE REC'D BY LOCAL REG. <b>FEB 18 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiamont Ave.</b>	

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

*Alfred J. Boelker*

Licensed Embalmer No. *2163*

P. O. Address *1125 Hodiament*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }  
County of \_\_\_\_\_ } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 7349  
Local Registrar's No. 1916

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of March, 1953, before me appears Jos. W. Clark, who, upon His oath, states that the original record of <sup>birth</sup> death for Harris N. Bennett, died 2/17/53, 19\_\_\_\_, in the State of Missouri, and which was filed at St. Louis Mo., born on 2/18/53, 19\_\_\_\_, should be corrected as follows:

Item No. 3 should read Harris N. Bennett

Instead of Harris J. Bennett

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Jos. W. Clark, Junr  
Relationship. \_\_\_\_\_  
1125 Hodiamont Ave.  
Present Address.

Subscribed and sworn to before me this 3rd day of March, 1953.

My Commission Expires September 17, 1956  
My Commission Expires September 17, 1956  
James A. Marochel Notary Public.

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