

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9329  
Registrar's No. 18

No. 300  
10.48  
FILLED MAR 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4196</u>		Registrar's No. <u>18</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		<u>0361</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>253 McKinley Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>253 McKinley Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>STELLA</u> b. (Middle) <u>HELENA</u> c. (Last) <u>BENEKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 18th 1953</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>5-3-1883</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 1 YEAR Days <u>15</u>	IF UNDER 1 HRS. Hours <u>0</u>	IF UNDER 1 HRS. Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>YES</u>		
13a. FATHER'S NAME <u>CHARLES TUNZIE</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA WEBER</u>		14. NAME OF HUSBAND OR WIFE <u>OSCAR BENEKE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>LILLIAN C. WARNER</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)									
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>									
2. ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>									
DUE TO (c)									
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral stasis of legs</u>									
19a. DATE OF OPERATION <u>→</u>		19b. MAJOR FINDINGS OF OPERATION <u>331X</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>March 11, 1953</u> , to <u>March 18, 1953</u> , that I last saw the deceased alive on <u>March 8, 1953</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>L. F. Anderson M.D.</u>				23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>3/19/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter &amp; Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4-14-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>97-0</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KRIEGSHAUSER 4228 So. Kingshighway</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 23 1954

MAR 27 1953

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4238 S. Kings Highway

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.