

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **2326**

FILED MAR 24 1953

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

1. PLACE OF DEATH a. COUNTY		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) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2069</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5246 a Greer Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>2812 Semple Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) c. (Last) <b>Backschies</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 27, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 10, 1874</b>
9. AGE (In years last birthday) <b>78</b>		10. MONTH <b>2</b>	11. DAY <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Eugene Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>Martha</b>	
14. NAME OF HUSBAND OR WIFE <b>Max</b>		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 ADDRESS <b>Della Quant 5246 a Greer Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis At. Disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b> ANTECEDENT CAUSES <b>Generalized Arteriosclerosis</b> DUE TO (b) <b>5 yrs.</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 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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4200</b>		22. I hereby certify that I attended the deceased from <b>Oct 19 1952</b> to <b>Feb 27, 1953</b> , that I last saw the deceased alive on <b>Feb 26, 1953</b> , and that death occurred at <b>6:20 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>D.O. Schupel M.D.</b> (Degree or title)		23b. ADDRESS <b>634 No. Grand St. Louis Mo</b>	
23c. DATE SIGNED <b>2/28/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>3-2-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
DATE REC'D BY LOCAL REG. <b>MAR 2 1953</b>		25. REGISTRAR'S SIGNATURE <b>J. Stewart</b>	
25. REGISTRAR'S SIGNATURE <b>1225 Union</b>		25. REGISTRAR'S SIGNATURE <b>1225 Union</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 Melvin F. Kemper

Licensed Embalmer No. 4052

P. O. Address 3505 Oakdale

St. Louis 20, 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.