

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**11475**

State File No. ....

Registrar's No. .... **2792**

No. 300  
10-48

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2149</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>5550 Sutherland Ave.</b>		
3. NAME OF DECEASED (Type or Print) <b>BENJAMIN</b>		a. (First)	b. (Middle) <b>F.</b>	c. (Last) <b>DOBLE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 14 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 29, 1867</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR: MONTHS   DAYS   IF UNDER 24 HRS.: HOURS   MINS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil Service Employee-Construction</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Cincinnati, Ohio</b>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Unknown Doble</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown Hersick</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Doble</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie Doble 5550 Sutherland 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>Toxic-exhaustion</b>		INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Influenza.</b>		<b>2 wks</b>
			DUE TO (c) <b>Old Age</b>		
			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 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>481X</b>		
22. I hereby certify that I attended the deceased from <b>March 9, 1953</b> , to <b>death</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>March 13, 1953</b> , and that death occurred at <b>1:30 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Teleus B. Alfors</b>		(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Univ. of Chgo Bldg</b>		23c. DATE SIGNED <b>3/14/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Rail)</b>		24b. DATE <b>3-15-1953</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Wyanet, Ill.</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl</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 William B. White

Licensed Embalmer No. 4281

P. O. Address 4228 Stuyvesant 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.