

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

**16509**

State File No. \_\_\_\_\_

**FILED APR 29 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1014

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2269</u>	
c. LENGTH OF STAY (In this place) <u>8 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1509 Hebert Street</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>L.</u> c. (Last) <u>Benoist</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 6, 1953</u>		
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Oct. 27, 1906</u>	<b>9. AGE</b> (In years last birthday) <u>46</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 6 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Jackson, Missouri</u> <u>U</u>		<b>12. CITIZENSHIP OF WHAT COUNTRY?</b> <u>U.S. A.</u>	
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<b>13a. FATHER'S NAME</b> <u>Frank Beirckemann</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Myrtle Hightower</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mr. George Benoist</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>George Benoist, 1509 Hebert Street</u>		<b>ADDRESS</b> <u>1509 Hebert Street</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		DUE TO (b) <u>Rheumatic heart disease</u>				<u>4 mo.</u>	
ANTECEDENT CAUSES		DUE TO (c) <u>Diabetes mellitus</u>				<u>Uncertain</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>Uncertain</u>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>None</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>None</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>416X</u>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from May 6, 1950, to April 6, 1953, that I last saw the deceased alive on April 5, 1953, and that death occurred at 9:00 AM, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Henry C. Oppenheimer, M.D.</u>		<b>23b. ADDRESS</b> <u>508 N. Grand, St. Louis 3, Mo.</u>		<b>23c. DATE SIGNED</b> <u>Apr. 7, 1953</u>	
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<b>24a. BURIAL/CREMATION</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>4-9-1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lake Charles Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Wellston, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-8-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Harold R. Danks, M.D.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Math Hermann &amp; Son Inc.</u>		<b>ADDRESS</b> <u>2161 E. Fair Ave</u>	
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(Licensed Embalmers' 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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: This above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.

WRITE PLAINLY—USING UNFADING BLACK INK

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (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  NO 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  NOT WHILE  
 WORK  AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1950, to Apr. 6, 1953, that I last saw the deceased alive on Apr. 5, 1953, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION,  
REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

4-9-53

Herbert R. Danks, M.D.

Math Hermann &amp; Son Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

Cardiac decompensation

4 mo.

Rheumatic heart disease

Uncertain

Diabetes mellitus

Uncertain

none

416A

none

none

none

none

H. C. Oppenheimer, M.D.

508 N. Grand, St. Louis 3, Mo.

Apr. 7, 1953

Burial

4-9-1953

Lake Charles Cemetery

Wellston, Mo.

4-9-53

Herbert R. Danks, M.D.

Math Hermann &amp; Son Inc. 2161 E. Fair Ave.

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.....  
Signature of Student Embalmer

Signed *Clement McQuay*

Licensed Embalmer No. 37

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above..