

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

ED JUN 1 - 1953

State File No. 19180

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4866

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>21st</u>			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1123 N. Kingshighway Bl.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u>		b. (Middle) <u>FERN</u>		c. (Last) <u>BENNISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 24, 1892</u>	
9. AGE (In years last birthday) <u>60</u>		10. UNDER 1 YEAR Months _____		10. UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Chattanooga, Tenn.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>Chattanooga, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME <u>William Eskridge</u>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Sarah Etta Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>George Bennison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>George Bennison</u> ADDRESS <u>1123 N. Kingshighway</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		DUPLICATE (b) <u>Carcinoma of left colon</u>				<u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) _____				_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____				_____	
19a. DATE OF OPERATION <u>June 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca colon</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? <u>153X</u>				_____	
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>53</u> , to <u>May 12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/12</u> , 19 <u>53</u> , and that death occurred at <u>9:30 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas M. Washin M.D.</u>				23b. ADDRESS <u>634 no grand</u>		23c. DATE SIGNED <u>5/13/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 14, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 13 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Erwin A. McDevitt*  
Licensed Embalmer No. *302*

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.