

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22605**

38306
FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **151**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
c. LENGTH OF STAY (in this place) lifetime		d. STREET ADDRESS (If rural, give location) R.R. # 2.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print)		a. (First) David		b. (Middle) Lee		c. (Last) Benne		4. DATE OF DEATH (Month) (Day) (Year) June 27 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH June 27, 1953		9. AGE (In years last birthday) 4 # UNDER 1 YEAR Months Days # UNDER 1 MTS. Hours Mts.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baby			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Norbert Benne		13b. MOTHER'S MAIDEN NAME Edith Jungermann		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Norbert Benne		ADDRESS New Melle, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pulmonary atelectasis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity - 7 mo					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 7625	
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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? _____	
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22. I hereby certify that I attended the deceased from **Birth**, 19____, to **June 27, 1953**, that I last saw the deceased alive on **June 27, 1953**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. A. Schneider MD		23b. ADDRESS St. Charles, Mo		23c. DATE SIGNED June 30-53.	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 29, 1953		24c. NAME OF CEMETERY OR CREMATORY New Melle Lutheran		24d. LOCATION (City, town, or county) (State) New Melle, Missouri	
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DATE REC'D BY LOCAL REG. July 6-53		REGISTRAR'S SIGNATURE Familie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE Monis M. Schenck		ADDRESS Wentzville, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Body was not embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Howard O. Kusler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville, 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 embalmed, facts should be so stated above.