

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37850

State File No.

FILED NOV 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2764

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Berkeley, City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Berkeley, City 4041</u>	
c. LENGTH OF STAY (in this place) <u>unk</u>		d. STREET ADDRESS (If rural, give location) <u>8033 Paterson Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8033 Paterson Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>L</u>	c. (Last) <u>Benoist</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>10/24/53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12/22/1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u>	11. BIRTHPLACE (State or foreign country) <u>Florissant, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Michael Benoist</u>	13b. MOTHER'S MAIDEN NAME <u>Julia DeHater</u>	14. NAME OF HUSBAND OR WIFE <u>Sadie Benoist Dec.</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>3838001-8591</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rita Daniel</u>	ADDRESS <u>8033 Paterson Ave.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable pulmonary infarct</u>		<u>hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardiovascular disease & decompensation</u> DUE TO (c)		<u>months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4221</u>

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1923, to 10/24, 1953, that I last saw the deceased alive on 10/23, 1953, and that death occurred at 00a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph A. Gray M.D.</u>	23b. ADDRESS <u>2120 R. Belmont Ferguson, Mo.</u>	23c. DATE SIGNED <u>10/25/53</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ferdinand Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/26/53</u>	REGISTRAR'S SIGNATURE <u>W. C. Clark</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>	ADDRESS <u>1125 Hodiadmont Ave.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Va 7-0709

1971

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

working under my personal supervision.

Student Embalmer No.....

Signed.....

Alfred J. Boedecker

Signed.....

Student Embalmer

Licensed Embalmer No. *2663*

P. O. Address *1125 Hodiann*

Note: The 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.