

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41513

State File No.

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2649

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| 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) OR TOWN <u>Kirkwood</u> | | c. CITY OR TOWN <u>Kirkwood</u> <u>4728</u> | |
| c. LENGTH OF STAY (In this place) <u>30 years</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1732 Virginia Lane</u> | | e. STREET ADDRESS (If rural, give location) <u>1732 Virginia Lane</u> | |

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|-------------------------------------|------------------------|-----------------------|-----------------------|---------------------------------------|---------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MARY</u> | b. (Middle) <u>J.</u> | c. (Last) <u>BENO</u> | 4. DATE OF DEATH (Month) (Day) (Year) | <u>Nov. 5, 1953</u> |
|-------------------------------------|------------------------|-----------------------|-----------------------|---------------------------------------|---------------------|

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| 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>March 23, 1888</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months <u>7</u> | IF UNDER 4 HRS. Hours <u>12</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Never worked</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>J. Kluk</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Otto F. Beno</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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Otto F. Beno, 1732 Virginia Lane</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 <u>26 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> | | |
| | 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. <u>Acute myocardial decompensation</u> | | <u>12 hours</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>490A</u> YES <input type="checkbox"/> NO <input 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Jan 26, 1946 to Nov 5, 1953, that I last saw the deceased alive on Nov 4, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Walter M. Garner, M.D.</u> (Degree or title) | 23b. ADDRESS <u>10424 Manchester Rd, Kirkwood (22) Mo.</u> | 23c. DATE SIGNED <u>11/6/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/7/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>11/6/53</u> | REGISTRAR'S SIGNATURE <u>Herbert B. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Popp, Jr., Kirkwood Mo.</u> |
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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.....
Signature of Student Embalmer

Signed..... *Felix Dussand*

Licensed Embalmer No. *3034*

P. O. Address *The Wood 22*

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.