No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9892

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2470

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3655 LAFAYETTE AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 2179
c. CITY OR TOWN: ST LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐: O
e. STREET ADDRESS (If rural, give location): 17 3655 LAFAYETTE AVE

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): THOMAS
c. (Last): BENNETT

4. DATE OF DEATH (Month) (Day) (Year): MARCH 16 - 1954

5. SEX: O MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: NOV 21 - 1888
9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months: 3 Days: 25 IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE-SUPERVISOR
10b. KIND OF BUSINESS OR INDUSTRY: GAYLORD-CONTAINER-Co
11. BIRTHPLACE (City and State or Foreign Country): GALENA KANSAS 1
12. CITIZEN OF WHAT COUNTRY?: U-S-A

13a. FATHER'S NAME: SAMUEL BENNETT
13b. MOTHER'S MAIDEN NAME: JANE GARVIS
14. NAME OF HUSBAND OR WIFE: VASHTI BENNETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-07-0143
17. INFORMANT'S SIGNATURE OR NAME: Vashti Bennett
ADDRESS: 3655 Lafayette Av

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 331X

22. *I hereby certify that I attended the deceased from* 3-10, 1954, *to* 3-16, 1954, *that I last saw the deceased alive on* March 16, 1954, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: A F Lemer (Degree or title): MD
23b. ADDRESS: 1259 N Kingshighway
23c. DATE SIGNED: 3-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH-18-1954
24c. NAME OF CEMETERY OR CREMATORY: LAUREL-HILL GARDENS CEM
24d. LOCATION (City, town, or county) (State): ST LOUIS COUNTY MO

DATE REC'D BY LOCAL REG.: MAR 17 1954
REGISTRAR'S SIGNATURE: J Carl Smith MDR
25. FUNERAL DIRECTOR'S SIGNATURE: J. Robert L & N. Co
ADDRESS: 1905 S Grand

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. W E Morris

Licensed Embalmer No. 336

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.