

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17435**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1173**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights	
c. LENGTH OF STAY (in this place) 4 1/2 yr		d. STREET ADDRESS (If rural, give location) 1313 Argus Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1313 Argus Avenue		d. STREET ADDRESS 1313 Argus Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Benton c. (Last) Benton			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1954		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 11, 1880		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Lillie Mae Benton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Lillie M. Benton		17. ADDRESS 1313 Argus Ave.		18. CAUSE OF DEATH	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Ulcer		DUE TO (c)		1 year	
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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 Jan , 19 52 , to May , 19 54 , that I last saw the deceased alive on May 17 , 19 54 , and that death occurred at 12:04 p.m. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) W. R. ... M.D.		23b. ADDRESS 243 E. Kirkham Webster Groves 19, Mo.	
23c. DATE SIGNED 5-19-54		24a. BURIAL, CREMATION (Specify) BURIAL		24b. DATE 5-21-54	
24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo		24e. DATE REC'D BY LOCAL REG. 5-20-54	

24e. DATE REC'D BY LOCAL REG. 5-20-54		REGISTRAR'S SIGNATURE Herbert R. Domb, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	
24e. DATE REC'D BY LOCAL REG. 5-20-54		REGISTRAR'S SIGNATURE Herbert R. Domb, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	
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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

Student Embalmer

Signed

Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 4107 Finney Avenue

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 not embalmed, fact should be so stated above.