

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42181**
Registrar's No. **10739**

FILED DEC 16 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 week		c. CITY OR TOWN Old Monroe		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION New Faith Hospital				e. STREET ADDRESS (If rural, give location) R. R. #1 05701											
3. NAME OF DECEASED (Type or Print) a. (First) Virginia		b. (Middle) I		c. (Last) Bennett		4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1954									
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 8, 1914		9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Leon Hagen			13b. MOTHER'S MAIDEN NAME Pearl Cross			14. NAME OF HUSBAND OR WIFE William G. Bennett									
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. William G. Bennett, Old Monroe, Mo.										
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH							
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Stenosis				1930							
				ANTECEDENT CAUSES				DUE TO (b) Rheumatic fever				1930			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Pulmonary Oedema				11-10-54			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				General anasarca				11-20-54			
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 401K											
22. I hereby certify that I attended the deceased from 11-10-1954 to 11-23-1954 , that I last saw the deceased alive on 11-22-1954 , and that death occurred at 6:15 P m. , from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) H. F. Miller M.D.				23b. ADDRESS 8410 N. Broadway				23c. DATE SIGNED 11-24-54							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 26 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri									
DATE REC'D BY LOCAL REG. NOV 24 1954		REGISTRAR'S SIGNATURE Carl Smith MO			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave										

(Licensed Embalmer's Statement on Reverse Side)

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 *Henry W. Ray*.....

Licensed Embalmer No. *373*.....

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.