

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 - 1955

State File No. **2759**
Registrar's No. **0661**

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 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1-2139 | | STREET ADDRESS (If rural, give location) 5400 Arsenal Street | |
| 3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) c. (Last) KROLL | | 4. DATE OF DEATH (Month) (Day) (Year) 1 21 55 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Unknown |
| 9. AGE (In years last birthday) Ab. 70 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peddler | 10b. KIND OF BUSINESS OR INDUSTRY Produce | 11. BIRTHPLACE (City and State or Foreign Country) Russia |
| 12. CITIZEN OF WHAT COUNTRY? unk. | | 13a. FATHER'S NAME Unknown Kroll | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Fannie | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Louis Carl | | ADDRESS 6629 Delmar Avenue | |
| 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) Hydrocephalus & uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Benign prostatic hypertrophy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid schizophrenia | |
| 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR 610X | | 22. I hereby certify that I attended the deceased from 1-19 , 19 55 , to 1-21 , 19 55 , that I last saw the deceased alive on 1-21 , 19 55 , and that death occurred at 7:00 A m. , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) Wm. Beniface MD - 0 | | 23b. ADDRESS 1515 Lafayette Ave. | |
| 23c. DATE SIGNED 2/21/55 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE 1/23/1955 | | 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth | |
| 24d. LOCATION (City, town, or county) (State) University City, Mo. | | DATE REC'D BY LOCAL REG. JAN 24 1955 | |
| REGISTRAR'S SIGNATURE J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial | |
| ADDRESS 4715 McPherson 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.....
Lawrence J. Decker

Licensed Embalmer No. 3988

P. O. Address

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.