

FILED APR 28 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003** Registrar's No. **3309**

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 OR TOWN ST. LOUIS Mo)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3116 MICHIGAN		e. STREET ADDRESS (If rural, give location) 3116 MICHIGAN			
3. NAME OF DECEASED (Type or Print) JOHN - BENZINGER		a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH APRIL 11 1955		Month) (Day) (Year)	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JULY 2 1882		9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY OBEAR NESTER	
11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA HUNGARY		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME ANDREW BENZINGER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE EVA BENZINGER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 329-10-7477		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EVA BENZINGER 3116 MICHIGAN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronal Cirrhosis		ANTECEDENT CAUSES arteriosclerotic cardiac macular disease			DUE TO (b)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			2. OTHER SIGNIFICANT CONDITIONS
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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? 4221	
22. I hereby certify that I attended the deceased from June 1953 , to APRIL 1955 , that I last saw the deceased alive on 4/10 1955 , and that death occurred at 1:45 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Thomas K. Kutiis M.D.		23b. ADDRESS 7000 S. Bldway		23c. DATE SIGNED 4/12/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APR. 14 1955		24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		DATE REC'D BY LOCAL REG. APR 14 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutiis		ADDRESS 2906 Georgia			

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.....
Licensed Embalmer No. 39
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.