

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **17276**

FILED JUN 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **1224**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBSTER GROVES</b>	c. LENGTH OF STAY (In this place) <b>78 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>KIRKWOOD</b> # 683	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GLENWOOD SANITORIUM</b>		d. STREET ADDRESS (If rural, give location) <b>547 NO. CLAY</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JANE</b> b. (Middle) <b>M.</b> c. (Last) <b>BENNETT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 27 1955</b>						
5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JUNE 21, 1866</b>	9. AGE (In years last birthday) <b>88</b>	# UNDER 1 YEAR Months <b>11</b>	YEAR Days <b>6</b>	# UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			

13a. FATHER'S NAME <b>SYLVESTER JARVIS</b>	13b. MOTHER'S MAIDEN NAME <b>MINERVA CASH</b>	14. NAME OF HUSBAND OR WIFE <b>SAMUEL T. BENNETT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give way or date of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ETHEL MARGE KNOLL - 547 N. CLAY</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS <b>CHRONIC BRAIN SYNDROME ASSOC. WITH CEREBRAL ARTERIOSCLEROSIS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>NO</b>	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 **MAR. 10, 1955**, to **MAY 27, 1955**, that I last saw the deceased alive on **MAY 27, 1955**, and that death occurred at **5:15** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edwin N. Schmidt, M.D.</b>	23b. ADDRESS <b>12006 RANT RD WEBSTER GROVES, MO.</b>	23c. DATE SIGNED <b>MAY 27 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5/31/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LAUREL HILL MEMORIAL GARDENS</b>
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, COUNTY, MO.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MEYER-PFITZINGER-KIRKWOOD 22, MO.</b>	
DATE REC'D BY LOCAL REG. <b>5/31/55</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Dombke, Jr.</b>	

(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 .....  
Student Embalmer

Signed

*William H. Johnson*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*River Road 22, 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 this body is not embalmed, fact should be so stated above.