

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6133  
State File No. 1739

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		a. STATE <b>Mo.</b>	b. COUNTY <b>St. Louis</b>
c. LENGTH OF STAY (In this place) <b>2 hrs.</b>		c. CITY OR TOWN <b>University City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>8641 Mayflower</b>	

3. NAME OF DECEASED (Type or Print) <b>FRIEDA BENSON</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>Feb. 16, 1956</b>
				(Month) (Day) (Year)

5. SEX <b>White Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>	8. DATE OF BIRTH <b>Feb. 1911</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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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	11. BIRTHPLACE (City and State or Foreign Country) <b>New York, N.Y.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Sam Sussman</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Felsenfeld</b>	14. NAME OF HUSBAND OR WIFE <b>Ben</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unk.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ben Benson</b>	ADDRESS <b>8641 Mayflower Ct.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		<b>3 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c)		<b>Chronic</b>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/28, 1952 to 2/16, 1956, that I last saw the deceased alive on 2/16, 1956, and that death occurred at 3:42 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Raymond M. Owens MD</b>	(Degree or title)	23b. ADDRESS <b>634 N. Grand</b>	23c. DATE SIGNED <b>2/17/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>	24b. DATE <b>2/19/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>B'nai Amoona</b>	24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 17 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>	ADDRESS <b>B715 McPherson</b>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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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. DeWitt*

Licensed Embalmer No.. 398..

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.