

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10428**  
**2729**  
Registrar's No. \_\_\_\_\_

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>   |  | c. LENGTH OF STAY (in this place)<br><b>1 Mo.</b>   |  | c. CITY OR TOWN <b>St. Louis</b>  |  | d. In Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>  |  |   |  | e. STREET ADDRESS (If rural, give location)<br><b>15 4421 Nebraska Ave. 215/0</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ADELAIDE</b>  |  | b. (Middle) <b>H.</b>   |  | c. (Last) <b>BENZ</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>March 14, 1956</b>  |  |
| 5. SEX <b>Female</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |  | 8. DATE OF BIRTH <b>March 10, 1917</b>  |  |
| 9. AGE (In years last birthday) <b>39</b>  |  | IF UNDER 1 YEAR Months _____ Days _____   |  | IF UNDER 24 HRS. Hours _____ Min. _____   |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home,</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/><br><b>St. Louis, Missouri</b>                  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Louis J. Stranz</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Helen C. Kreszman</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Walter H. J. Benz</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Walter H. J. Benz 4421 Nebraska Ave.</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 mos</b>  |  |
|  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatosis</b>  |  |   |  |   |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma of Ovary</b> |  |   |  | <b>2 yrs</b>  |  |
|  |  | DUE TO (c) _____  |  |   |  |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |   |  |   |  |
| 19a. DATE OF OPERATION<br><b>1956</b>  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>carcinoma of Ovary</b>   |  |   |  | 20. AUTOPSY?<br>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) _____  |  | 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 <b>Feb.</b> , 19 <b>55</b> , to <b>March</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>3/14</b> , 19 <b>55</b> , and that death occurred at <b>11:45 P.m.</b> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE<br><i>W. Benjamin</i>   |  | (Degree or title) <b>M.D.</b>   |  | 23b. ADDRESS<br><b>7430 Virginia Avenue</b>   |  | 23c. DATE SIGNED<br><b>3/16/56</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 24b. DATE<br><b>3/17, 1956</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>MAR 16 1956</b>   |  | REGISTRAR'S SIGNATURE<br><i>J. Earl Smith, M.D.</i>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Gebken-Benz Mortuary 2842 Meramec St., St. Louis 18 Missouri</b>                       |  |   |  |

S. P. (Licensed Embalmer's Statement on Reverse Side)

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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 ..... Me ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Loren E. Percy*.....  
Licensed Embalmer No.....40

P. O. Address *2842 Meramec*  
St. Louis 18 MI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.