S. No. 300
v. 10.48

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

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31891

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7989

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St.Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hamilton Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN: 4376 University City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 407 West Point Ct.

3. NAME OF DECEASED (Type or Print)
a. (First): ESTHER
b. (Middle):
c. (Last): BENSINGER

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 29,1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH:
9. AGE (In years last birthday): Abt.68 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St.Louis Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Albert Lissner
13b. MOTHER'S MAIDEN NAME: Marie Oestrreicher
14. NAME OF HUSBAND OR WIFE: WILLIAM BENSINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNK. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNK.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs.Myra Davis 407 West Point Ct.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 6 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Ca. of breast-recurrent — 3 y

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 420.1 H
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 8-1-56 8-28-56

22. *I hereby certify that I attended the deceased from* 8-1, 19 56 *to* 8-28, 19 56, *that I last saw the deceased alive on* 8-28, 19 56 *and that death occurred at* 2 A.M. m., *from the causes and on the date stated above.* 8-29-56

23a. SIGNATURE Marvin Rosecan (Degree or title) M.D.
23b. ADDRESS 4952 Maryland
23c. DATE SIGNED: 8-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/31/56
24c. NAME OF CEMETERY OR CREMATORY: Mt.Sinai Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis County Missouri

DATE REC'D BY LOCAL REG.: AUG 29 1956
REGISTRAR'S SIGNATURE: Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Herman Rindskopf Inc. 5216 Delmar Bl.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address St. Louis

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