

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42690

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10739**

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 township) St. Louis		c. LENGTH OF STAY (in this place) 1 day	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony		STREET ADDRESS (If rural, give location) 1225 Mc Kinley	

3. NAME OF DECEASED (Type or Print)	a. (First) AMANDA	b. (Middle) A	c. (Last) BENNETT	4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1956
5. SEX Fe.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 26, 1878	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 77

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Mascoutah, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Philip Nickel	13b. MOTHER'S MAIDEN NAME Louisa Kamler	14. NAME OF HUSBAND OR WIFE John Bennett (Dec)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war (or date of service)) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Harvey Drupp, Mascoutah, Ill</i>	ADDRESS Mascoutah, Ill
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DIRECT OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral Vascular Accident		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. Hypertensive Vascular Disease		
	DUE TO (b) Arteriosclerotic Heart Disease		

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) 3314
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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 **Nov 24, 1956**, to **Nov 25, 1956**, that I last saw the deceased alive on **Nov 24, 1956**, and that death occurred at **7 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Carl Smith</i>	(Degree or title) MD	23b. ADDRESS 1900 TELEGRAPH LE MAY 23, MO	23c. DATE SIGNED 11-25-56
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11/25/56	24c. NAME OF CEMETERY OR CREMATORY Mascoutah City Cemetery	24d. LOCATION (City, town, or county) (State) Mascoutah, Illinois
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 26 1956	25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i>	ADDRESS Mascoutah, Ill
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(Licensed Embalmer's Statement on Reverse Side)

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

7136424

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 not Embalmed....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Geo. Rimmer

Licensed Embalmer No. 2374

P. O. Address Belleville

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.