

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44168

State File No. _____

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2953

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a.-STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN CLAYTON		c. CITY OR TOWN MAPLEWOOD	
c. LENGTH OF STAY (in this place) DOA		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 ST. LOUIS COUNTY HOSPITAL		e. STREET ADDRESS (If rural, give location) 7300 FLORA AVE.	

3. NAME OF DECEASED (Type or Print) Elmer	a. (First)	b. (Middle) A.	c. (Last) Bennis	4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-29-1884	9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR Days	11. IF UNDER 10 HRS. Hours	12. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Building Const.	11. BIRTHPLACE (City and State or Foreign Country) Iron Co., Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Stella Bennis
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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) No	16. SOCIAL SECURITY NO. 492-05-8185	17. INFORMANT'S SIGNATURE OR NAME John G. Bennis	ADDRESS 1053a Murray, Northwoods
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA		
	ANTECEDENT CAUSES DUE TO (b) ADENOCARCINOMA OF PANCREAS DUE TO (c)		
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) (Min.)	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 12-12, 1956, to 12-12, 1956, that I last saw the deceased alive on 12-12, 1956, and that death occurred at 11:47A.M., from the causes and on the date stated above.

23a. SIGNATURE Wm. G. D. ...	(Degree or title) MD	23b. ADDRESS 6015 Brentwood, Clayton, Mo	23c. DATE SIGNED 12-12-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 12-15-56	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 12-14-56	REGISTRAR'S SIGNATURE Robert K. ...	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH	ADDRESS Maplewood, Mo.
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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.....
Signature of Student Embalmer

Signed.....
H. Burgess

Licensed Embalmer No. *402*

P. O. Address *Maplewood*

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.