

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 23 115  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 548 Registrar's No. 1456

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES, MO.</u>	
c. LENGTH OF STAY (In this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>1300 GRANT RD.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1300 Grant</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA (M.)</u> b. (Middle) <u>ATKINS</u> c. (Last) <u>BENNETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7 1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>21 FEB 1876</u>	9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>2</u> 11. DAYS <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>A.S.</u>					

13a. FATHER'S NAME <u>C. U. NORTH</u>		13b. MOTHER'S MAIDEN NAME <u>NAUTILA</u>		14. NAME OF HUSBAND OR WIFE <u>Rehab Bennett</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-20-3023 A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rehab Bennett</u> ADDRESS <u>1300 Grant Rd</u>	

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 <u>10 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u> 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? <u>2</u> 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) _____
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 AUGUST 15, 1954, to JUNE 7, 1957, that I last saw the deceased alive on JUNE 6, 1957, and that death occurred at 9:25 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Elmer R. Schmidt, M.D.</u> (Degree or title)	23b. ADDRESS <u>1300 GRANT RD. WEBSTER GROVES, MO.</u>	23c. DATE SIGNED <u>7-6-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-8-57</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowsky</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander &amp; Sons 6175 Delmar Blvd</u>
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(Licensed Embalmer's Certificate on Reverse Side)

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

4007

**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 .....  
Student Embalmer

Signed

*Joseph E. McCullough*

Licensed Embalmer No. *2460*

P. O. Address *6135 21st Ave*

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 this body is not embalmed, fact should be so stated above.