

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25806**

FILED JUL 22 1957

BIRTH NO. _____ REG. DIST. NO. 910 PRIMARY REG. DIST. NO. 3058 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	c. LENGTH OF STAY (in this place) 15 yrs	c. CITY OR TOWN St. Charles	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: 325 Morgan St.		e. STREET ADDRESS (If rural, give location) 325 Morgan St.	

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) H. c. (Last) Benne			4. DATE OF DEATH (Month) (Day) (Year) July 13, 1957		
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1880	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR 4 MONTHS 23 DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME William H. Benne	13b. MOTHER'S MAIDEN NAME Wilhilmina Bull	14. NAME OF HUSBAND OR WIFE Bertha Schierding Benne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Benne ADDRESS St. Charles,

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	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Falland by Arteria DUE TO (c) Arteriosclerosis			?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congria Peptonis			?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 July 10, 1957 to July 13, 1957, that I last saw the deceased alive on July 12, 1957, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Jenkins	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED July 15, 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 16, 1957	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
DATE REC'D BY LOCAL REG. July 16 - St. Charles		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
REGISTRAR'S SIGNATURE Marcella Wilson		25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Rose ADDRESS St. Charles, Mo.

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.....
Arthur C. Rowe

Licensed Embalmer No. *3154*

P. O. Address *St Charles*

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.