

FILED SEP 9 1957

## CERTIFICATE OF DEATH

State File No. 30310

Registrar's No. 2059

BIRTH NO.		REG. DIST. NO. 302		PRIMARY REG. DIST. NO. 544		Registrar's No. 2059	
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 (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN Kirkwood 4683		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. Joseph Hospital				e. STREET ADDRESS (If rural, give location) 308 N. Geyer Rd			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Estella c. (Last) Bennett			4. DATE OF DEATH (Month) (Day) (Year) 8 18 57				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 8/16/57		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Leo Marion Bennett		13b. MOTHER'S MAIDEN NAME Edna Ruth Pooley		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Leo Bennett, 308 Geyer Rd.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral vasculature DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		7600	
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 8/16/1957, to 8/17, 1957, that I last saw the deceased alive on 8/17, 1957, and that death occurred at 1:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. F. Hammett M.D.				23b. ADDRESS 35 N. Central Pkwy		23c. DATE SIGNED 8/19/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-19-57	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM.		24d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo.		
DATE REC'D BY LOCAL REG. 8-19-57		REGISTRAR'S SIGNATURE Hubert R. Womke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pflitzinger Mort. - Kirkwood, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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 e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision:.

Student.....  
Signature of Student Embalmer

Signed *Gustav W. Dule*.....

Licensed Embalmer No. *43*.....

P. O. Address *St Louis*.....

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