

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1957

State File No. **41739**  
Registrar's No. **11689**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR **St. Louis**

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city incorporated town? Yes  No

c. LENGTH OF STAY (in this place) **5 yrs.**

STREET ADDRESS (If rural, give location) **2227 1/2 S. 16th St.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hosp.**

3. NAME OF DECEASED (Type or Print) a. (First) **Joseph** b. (Middle) \_\_\_\_\_ c. (Last) **Bennett** 4. DATE OF DEATH (Month) (Day) (Year) **11 27 1957**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widower** 8. DATE OF BIRTH **5-13-74** 9. AGE (In years last birthday) **83** IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **UNKNOWN** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **New York** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Edward Bennett** 13b. MOTHER'S MAIDEN NAME **Mary ?** 14. NAME OF HUSBAND OR WIFE **unk.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Marie Rothwell** ADDRESS **2331 Mullanphy St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Thrombosis** INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Cerebral Arteriosclerosis** DUE TO (c) **332x**

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Arteriosclerosis; Head Aneurysm**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **12-11-52**, 19\_\_\_\_, to **11-27-57**, 19\_\_\_\_, that I last saw the deceased alive on **11-27-57**, 19\_\_\_\_, and that death occurred at **8:25a** m., from the causes and on the date stated above.

23a. SIGNATURE **George M. Janaka, M.D.** (Degree or title) 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **11/30/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12-5-57** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL HEALTH DEPT. **DEC 5 57** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Cullen & Kelly** ADDRESS **7267 Natural Bridge**

(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 embalmed by me, or by Not Embalmed, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James A. Lammer

Licensed Embalmer No. 414

P. O. Address St. Louis

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.