

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002726

STATE FILE NUMBER

2-1054

FILED FEB 10 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registration No. \_\_\_\_\_

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1. PLACE OF DEATH a. COUNTY <b>St Louis (City)</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>St Louis (City)</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St Louis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3301 Olive St.</b>		Length of stay in 1b *	d. STREET ADDRESS (If outside, give location) <b>3301 Olive</b>

3. NAME OF DECEASED (Type or print) <b>F R E D L . . B E N H A M</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>25</b> Year <b>1959</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Dec 8, 1887</b>	9. AGE (In years at birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Hours <b>17</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and state or country) <b>Bonne Terre, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>Marion Benham</b>	13b. MOTHER'S MAIDEN NAME <b>Harriet Blandford</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW II</b>	16. SOCIAL SECURITY NO. <b>492 03 9787</b>	17. INFORMANT Address <b>Mrs Hattie Beck Festus, Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> <b>Coronary Sclerosis</b> DUE TO (b) <b>420.1</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>Patrick E. Taylor</b> (Degree of title) <b>3</b>	22b. ADDRESS <b>1300 Elm</b>	22c. DATE SIGNED <b>1-29-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan 28 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph's Catholic</b>	23d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo.</b>
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24. FUNERAL DIRECTOR <b>BOYER &amp; SON (BENHAM)</b> ADDRESS <b>Bonne Terre</b>	25. DATE RECD. BY LOCAL REG. <b>JAN 29 '59</b>	26. REGISTRAR'S SIGNATURE <b>Neal Smith, M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

*mjb*

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 *B. T. Boyer* .....  
B. T. BOYER

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo. ....

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.