

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019931

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No.

317

Primary Registration District No.

590

Registrar's No.

1376

300  
1-57

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, give TOWNSHIP only) OR TOWN Florissant		c. CITY OR TOWN Florissant 4051	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Stanislaus Seminary		d. STREET ADDRESS St. Stanislaus Seminary	
Length of stay in lb 3 1/2 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle ** Last BENNETT			4. DATE OF DEATH Month Day Year May 16 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-9-1864	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jesuit Priest	10b. KIND OF BUSINESS OR INDUSTRY Religious	11. BIRTHPLACE (City and state or country) Co. Meath, Ireland	12. CITIZEN OF WHAT COUNTRY? Great Britain
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13a. FATHER'S NAME Matthew Bennett	13b. MOTHER'S MAIDEN NAME Mary Fagan	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Rev. Wilfrid Charleville, Mo.	Address Florissant,
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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) <i>Cardiac Decompensation</i>		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
DUE TO (b) <i>Arterio Sclerotic Heart Disease</i>		
DUE TO (c)		20 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		

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.	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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20d. INJURY OCCURRED WHILE AT WORK <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 *May 6, 1959* to *May 16, 1959* and last saw her alive on *May 16, 1959*  
Death occurred at *3:10 P. m.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>R. J. O'Connor, M.D.</i>	22b. ADDRESS <i>Florissant, Mo.</i>	22c. DATE SIGNED <i>18 May 1959</i>
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23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5-19-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>
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24. FUNERAL DIRECTOR <i>The Florissant Mortuary</i>	ADDRESS <i>Florissant Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>5-18-59</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 *Gene A. Hill* .....

Licensed Embalmer No. *4966* .....

P. O. Address *Flora, N.H.* .....

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.