URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-041546

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210878

RENDED

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, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b 60-yrs.

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4970 Oakland Ave. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4970 Oakland Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Reverend Francis Middle G. Last Benoit S.J.

4. DATE OF DEATH Month November Day 24th., Year 1959

5. SEX M.

6. COLOR OR RACE W.

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1/6/1879

9. AGE (last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Bochem,Germany

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Francis William Benoit

13b. MOTHER'S MAIDEN NAME Catherine Pfaender

14. NAME OF HUSBAND OR WIFE

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. none

17. INFORMANT Address Fr.Gregory Jacobsmeyer,S.J.4970 Oakland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Natural Causes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) P 450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinson's Disease & Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1956, to death and last saw him alive on 11/10/59

Death occurred at 11/24/59 about 1 AM — Found dead in bed at 4:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward S. Kinsella MD

22b. ADDRESS 3720 Washington Ave

22c. DATE SIGNED 11/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-27-59

23c. NAME OF CEMETERY OR CREMATORY St.Stanislaus Seminary

23d. LOCATION (City, town, or county) (State) Florissant,Missouri

24. FUNERAL DIRECTOR Arthur J. Donnelly — ADDRESS 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG. NOV 24 1959

26. REGISTRAR'S SIGNATURE Carl Smith. M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Frances Williams

Signature of Student Embalmer

Licensed Embalmer No. 3565

P. O. Address 3940 Li

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