

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 2 1 3

FILED VS. JAN - 4 1960 317

Registration District No. _____ Primary Registration District No. 543 Registrar's No. 3384

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings		Length of stay in 1b 14 Mon.	c. CITY OR TOWN Ferguson Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2109 McLaran Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 410 So. Clark Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CAROLINE Middle MARGARET Last BENNE			4. DATE OF DEATH Month 12 Day 16 Year 59		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-19-67	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Black Jack, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Karl Lindemann		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Henry J. Benne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Emma Gerling Jennings, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerotic Heart Disease, 15 yrs.		INTERVAL BETWEEN ONSET AND DEATH 15 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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

21. I attended the deceased from **1947** to **Dec 16-59** and last saw her **live** alive on **Dec 15-1959**.
Death occurred at **2:15 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John P. Thomas Jr. D.	22b. ADDRESS 8209 1/2 Broadway	22c. DATE SIGNED 12/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-19-59	23c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cem.
24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd.		23d. LOCATION (City, town, or county) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS White-Mullen 118 N. Florissant Rd.	25. DATE RECD. BY LOCAL REG. 12-18-59	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

John W. ...
8201aⁿ Br

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 *my-self*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Reinhold K Lohmann*

Licensed Embalmer No. *3395*
P. O. Address *St Louis 35*

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.