

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003150

FILED VS FEB 11 1960

2 926

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ALEXIAN BROS. HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>1015<sup>2</sup> SHENANDOAH</b>	

3. NAME OF DECEASED (Type or print) First <b>BERT</b> Middle <b>BENNETT</b> Last <b>BENNETT</b>			4. DATE OF DEATH Month <b>JAN.</b> Day <b>24</b> Year <b>1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 18 1916</b>	9. AGE (last birthday) <b>44</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOCK HAND RENARD LINOLEUM CO</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U-S-A</b>	

13a. FATHER'S NAME <b>EDWARD BENNETT</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZA BENNETT</b>		14. NAME OF HUSBAND OR WIFE <b>MELBA BENNETT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>499-03-6435</b>		17. INFORMANT Address <b>MELBA BENNETT 1015<sup>2</sup> SHENANDOAH</b>	

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) <b>Myocardial infarction</b>				<b>27 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				<b>2 plus</b>
DUE TO (b) <b>Coronary thrombosis</b>			<b>15 yrs</b>	
DUE TO (c) <b>A-S. Coronary 4201</b>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (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 type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 Month, Day, Year a.m. p.m.	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

21. I attended the deceased from **1-19-59** and last saw her **1-24-60** and he **1-23-60** alive on **1-24-60**  
Death occurred at **6:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>H. Nachmyn M.D.</b>		22b. ADDRESS <b>706 S. Grand</b>		22c. DATE SIGNED <b>1-26-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>JAN 26 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BOUNDS CREEK CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>GREENVILLE MO</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Thomas Kutis 2906 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 26 1960</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

130-40. m.

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

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Jca

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.