

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004534

FILED VS. FEB 1 1960 317

Primary Registration District No. 500 Registrar's No. 90

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 b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Co		Length of stay in 1b 2 months	c. CITY OR TOWN Overland. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lackland Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2410 Gilrose Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Lillie E. Bennett			4. DATE OF DEATH Month January Day 9 Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH February 25, 1882	9. AGE (last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Retired Sewing Mch Operator	11. BIRTHPLACE (City and state or country) Hillsboro Missouri	12. CITIZEN OF WHAT COUNTRY U.S
13a. FATHER'S NAME Alex Huskey		13b. MOTHER'S MAIDEN NAME Sarah Partney	14. NAME OF HUSBAND OR WIFE Daniel E. Bennett, dec	
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. 494-10-2508	17. INFORMANT (LACKED) Address John M. Lackey, 2410 Gilrose 14. Overland	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C. U. A.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerosis	
	DUE TO (c) Hypertension	
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 **Nov 1959** to **Jan 1960** and last saw her **Jan 6** alive on **Jan 6**
Death occurred at **4:45 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. B. Bulech	22b. ADDRESS 10426 Lackland	22c. DATE SIGNED 1-11-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE January 11, 1960	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
23d. LOCATION (City, town, or county) St. Louis Co. Missouri		(State)

24. FUNERAL DIRECTOR Bensiek-Niehaus Morticians	ADDRESS 1431 Union Blvd.	25. DATE RECD. BY LOCAL REG. 1-11-60	26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1930

St. Louis

STATE OF MISSOURI

Department of Health

Division of Sanitation

Division of Embalming

Division of Mortuary

Division of Public Health

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 Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St. Louis, Mo.

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