MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1962

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 759 STATE FILE NUMBER 62-013387

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood
Length of stay in 1b: 4 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Glenwood Sanatorium
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Louis
c. CITY OR TOWN: Pagedale
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1329 Pennsylvania
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First John Middle J. Last Bennett
4. DATE OF DEATH: Month March Day 2 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-15-1878
9. AGE (last birthday): 84
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): Self Emp.
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (City and state or country): St.Louis,Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Bennett
13b. MOTHER'S MAIDEN NAME: UNK
14. NAME OF HUSBAND OR WIFE: Verna Bennett
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: Verna Bennett Address: 1329 Pennsylvania

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Asphyxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Strangulation due to ligature
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
20a. ACCIDENT ☐ SUICIDE X HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Intentional hanging
20c. TIME OF INJURY Hour 8:40 a.m. p.m. Month, Day, Year 3/2/62
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) room at Glenwood Sanitarium
20f. CITY, TOWN, OR LOCATION Webster Groves COUNTY St. Louis STATE Missouri

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at Pronounced dead 9:00p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond Hall Coroner
22b. ADDRESS: Clayton, Missouri
22c. DATE SIGNED: 3/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-6-62
23c. NAME OF CEMETERY OR CREMATORY: Hiram Park Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co,Missouri

24. FUNERAL DIRECTOR ADDRESS: J.W.Clark F.H. 1125 Hodiamont Ave.
25. DATE RECD. BY LOCAL REG.: 3-5-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4511

P. O. Address St. Louis, Mo.

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.