

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048908

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3683

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 10 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton, Mo.</u>		Length of stay in 1b <u>12 hrs</u>	c. CITY OR TOWN <u>Pacific Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4 Mile E. OF PACIFIC</u>
3. NAME OF DECEASED (Type or print) First <u>Leslie</u> Middle <u>EMORY</u> Last <u>BENSON</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-24-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Industry</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Cutter</u>	11. BIRTHPLACE (City and state or country) <u>STANTON, Mo.</u>
13a. FATHER'S NAME <u>Tom Benson</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Violet Benson - Pacific Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	17. INFORMANT Address <u>Wife: Violet Benson - Pacific Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Severe Aortic Atherosclerosis with Inferior Mesenteric Artery Occlusion and Occlusion Branch of Right Coronary</u>			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) <u>Rheumatic Heart Disease - Chronic Pyelonephritis with Cholelithiasis - Chronic Cholecystitis</u>			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 type="checkbox"/> NO <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 <u>:</u> Month, Day, Year <u>:</u>		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 <u>Dec. 16, 1962</u> to <u>Dec. 16, 1962</u> and last saw him alive on <u>Dec. 16, 1962</u> Death occurred at <u>10:25 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. R. Gilchrist, M.D.</u>		22b. ADDRESS <u>601 So. Brentwood, Clayton 5, Mo. 10-17-62</u>	
22c. DATE SIGNED <u>12-17-62</u>		22d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-19-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Bell Funeral Home - Pacific</u>		25. DATE RECD. BY LOCAL REG. <u>12-17-62</u>	
		26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI

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 Byron J. Bell, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Byron J. Bell

Licensed Embalmer No. 4977

P. O. Address Pauper 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.