

CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12358

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/68

|  |  |  |  |   |
|--|--|--|--|---|
| DECEASED—NAME FIRST MIDDLE LAST  |  | SEX  | DATE OF DEATH (MONTH, DAY, YEAR)   |   |
| 1. HAROLD L. BENHAM  |  | MALE   | Dec. 26, 1968  |   |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)   | AGE—LAST BIRTHDAY (YEARS)  | UNDER 1 YEAR<br>MOS. DAYS  | UNDER 1 DAY<br>HOURS MIN.  | DATE OF BIRTH (MONTH, DAY, YEAR)  |
| 4. White   | 5a. 49   | 5b.  | 5c.  | 6. Jan. 21, 1919  |
| CITY, TOWN, OR LOCATION OF DEATH   |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)          |  |   |
| 7b. St. Louis  |  | 7c. Christian Hospital   |  |   |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)  | CITIZEN OF WHAT COUNTRY  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)                                    | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)                               |   |
| 8. Missouri  | 9. USA   | 10. Married  | 11. Betty Benham (nee Ketts)   |   |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | KIND OF BUSINESS OR INDUSTRY   |   |
|  |  | 13a. Baker   | 13b. Kies Bakery   |   |
| RESIDENCE—STATE  | COUNTY   | CITY, TOWN, OR LOCATION  | INSIDE CITY LIMITS (SPECIFY YES OR NO)                                     | STREET AND NUMBER   |
| 14a. Missouri  | 14b.   | 14c. St. Louis   | 14d. Yes   | 14e. 4233 N. Broadway   |
| FATHER—NAME FIRST MIDDLE LAST  |  | MOTHER—MAIDEN NAME FIRST MIDDLE LAST   |  |   |
| 15. Ely Benham   |  | 16. Ethel Irvin  |  |   |
| INFORMANT—NAME   |  | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)                       |  |   |
| 17a. Mrs. Betty Benham   |  | 17b. 4233 N. Broadway--St. Louis, Mo. 63147  |  |   |
| PART I. DEATH WAS CAUSED BY:   |  | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]                                  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  |
| 18. IMMEDIATE CAUSE  |  |  |  |   |
| (a) DUE TO, OR AS A CONSEQUENCE OF:  |  | Coronary occlusion   |  | 24 hrs.   |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST  |  | (b) DUE TO, OR AS A CONSEQUENCE OF:  |  |   |
|  |  | Influenza - Cardiac Insufficiency  |  | 4 day   |
| (c)  |  |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)   |  |  |  | ATTEMPTED (YES OR NO) 19b. YES  |
| IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19c.   |  |  |  |   |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)   | DATE OF INJURY (MONTH, DAY, YEAR)  | HOUR   | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OF PART II, ITEM 18) |   |
| 20a.   | 20b.   | 20c.   | M. 20d.  |   |
| INJURY AT WORK (SPECIFY YES OR NO)   | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)   | LOCATION   | (STREET OR R.F.D. NO., CITY OR TOWN, STATE)                                |   |
| 20e.   | 20f.   | 20g.   |  |   |
| CERTIFICATION—PHYSICIAN:   | MONTH DAY YEAR   | MONTH DAY YEAR   | AND LAST SAW HIM/HER ALIVE ON  | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |
| 21a. DECEASED FROM   | 21b. Nov 16 68   | 21c. Dec 26 68   | 21d. Dec 26 68   | 21e. 2 P M.   |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. |  | HOUR OF DEATH  | THE DECEDENT WAS PRONOUNCED DEAD   |   |
| 22a.   |  | 22b.   | 22c. Dec 26 68   |   |
| CERTIFIER—NAME (TYPE OR PRINT)   |  | SIGNATURE  | DEGREE OF TITLE  | DATE SIGNED (MONTH, DAY, YEAR)  |
| 23a. E E KING  |  | 23b. E E King  | 23c. MD  | 23d. Dec 27 68  |
| MAILING ADDRESS—CERTIFIER  |  | STREET OR R.F.D. NO.   | CITY OR TOWN   | STATE   |
| 23e. 111 Church  |  | 23f. Ferguson  | 23g. MO.   | 23h. 63135  |
| BURIAL, CREMATION, REMOVAL (SPECIFY)   | CEMETERY OR CREMATORY—NAME   |  | LOCATION CITY OR TOWN STATE  |   |
| 24a. Removal   | 24b. National Cemetery   |  | 24c. Jefferson Barracks, Mo.   |   |
| DATE (MONTH, DAY, YEAR)  | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) |  |  |   |
| 24d. 12-30-1968  | 24e. MATH. HERMANN & SON, INC.-7161 E. FAIR-ST. LOUIS, MO. 63107               |  |  |   |
| FUNERAL DIRECTOR—SIGNATURE   | REGISTRAR—SIGNATURE  | DATE RECEIVED BY LOCAL REGISTRAR   |  |   |
| 25a. Math Hermann  | 25b. Earl Smith M.D.   | 25c. Dec 28 1968   |  |   |

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BUR

9. 0  
10a. 49  
10b.  
11. 0  
12. 1  
13. 4708  
14.  
15. 3  
16.  
17.  
18. 0  
19. CREDITS  
20.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9099E

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

Signed Quayle Brown

Licensed Embalmer No. 5787

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.