WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16551

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4414 McPherson St. ..... Ward)

File No. .....

Registered No. 4446

2. FULL NAME Elmira Lee Benoist

(a) Residence. No. ..... St., 19 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eugene H. Benoist

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1872

7. AGE: abt. 55 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home 85 (97)

(b) General nature of industry, business, or establishment in which employed (or employer): 102

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

PARENTS

10. NAME OF FATHER: Abraham Lee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

12. MAIDEN NAME OF MOTHER: Josephine Henri

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): France

14. INFORMANT: Eugene H. Benoist
(Address) 4414 McPherson

15. FILED MAY 12 1927, 19.... Max C. Starkloff, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 10th 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1925, to May 10th, 1927, that I last saw her alive on May 10th, 1927, and that death occurred, on the date stated above, at 2 35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral arteriosclerosis

Causing Epileptic Convulsions

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): General arterio-sclerosis & arterial renal Hypertension

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? — Clinical

(Signed) Elsworth S. Smith, M. D

May 11th, 1927 (Address) Humboldt Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary

DATE OF BURIAL: 5-13 1927

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Washd

Dr Elsworth Smith
Humboldt Bay
$3^{30} - 5^{30}$