

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

Do not use this space.

15551

1. PLACE OF DEATH

County ST. LOUIS

Registrar District No. 1123

Township LAFFRANCE

Primary Registration District No. 6248 E

City St. Louis (No. 9839, Eugenia)

File No. _____
Registered No. 1314
St. _____ Ward _____

2. FULL NAME

Emily Benson

(a) Residence No. 9839 Eugenia St. _____ 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 Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>About</u>	<u>85</u>			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT James Johnson
(Address) 43516 Crook Ave

15. FILED 4-6-31 L. C. O'Neil REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1931

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to April 2, 1931, that I last saw her alive on April 2, 1931, and that death occurred, on the date stated above, at 107A A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia
107A (duration) yrs. mos. ds. 25

CONTRIBUTORY (SECONDARY) Not known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 107A
IF NOT AT PLACE OF DEATH.

8 DID AN OPERATION PRECEDE DEATH. DATE OF _____
WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. Robinson, M. D.

April 3, 1931 (Address) 3333 Laclede Ave

*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 Greenwood DATE OF BURIAL 4/6 1931

20. UNDERTAKER W. Russell and Co ADDRESS 2732 Pine St

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

X. 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.

MAY 27 1931

