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.

2700

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, Mo. (No. 922a Lami Street St. ..... Ward)

File No. .....

Registered No. 398

2. FULL NAME Elizabeth Margaret Benzinger

(a) Residence, No. 922a Lami Street St., 23 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2n 1908

7. AGE Years 23 Months 10 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 244

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri 1

FATHER

13. NAME John Benzinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary 3

MOTHER

15. MAIDEN NAME Eva Andresz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austrian Hungary

17. INFORMANT (ADDRESS) John Benzinger 922a Lami Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter & Paul DATE Jan. 14 1932

19. UNDERTAKER (ADDRESS) Werck Bros 2201 S. Grand Blvd.

20. FILED JAN 13 1932 19 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-11-, 1932 to 1-12-, 1932

I last saw her alive on 1-11-, 1932 Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 1-10-32

107C 93A 107a

Other contributory causes of importance: Acute Myocarditis

(1)

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) L. F. Murray, M. D.

(Address) 1831 S. 9th St.

1831
7-8 pm