

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

Do not use this space.

1. PLACE OF DEATH

County, St. Louis Co.
Township, Central
City, Clayton

OCT 24 1934

Registration District No. 790
Primary Registration District No. 60332
(No. St. Louis Co. Hosp)

File No. 34041
Registered No. 330
St. _____ Ward _____

2. FULL NAME

(a) Residence, Mosser Rd. (Ballwin Ferry & Ogles)
(Usual place of abode) Ward _____

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Benz</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-8-1860</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>7</u>	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lab</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>1911</u>			

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

13. NAME of Father Godlieb Benz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT May Benz
(ADDRESS) Mosser Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Ann's DATE 10-2-1934

19. UNDERTAKER P. G. Buss
(ADDRESS) Creve Coeur

20. FILED 9/30 1934 Robt J. Harkness
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1934, to 9-29, 1934

I last saw him alive on 9-29, 1934. Death is said to have occurred on the date stated above, at 9:15 p. m.

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

Carcinoma of omentum, of mesentery, of liver, and of pancreas.

Other contributory causes of importance: arteriosclerosis, chr nephritis - parenchymatous

Name of operation none Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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.

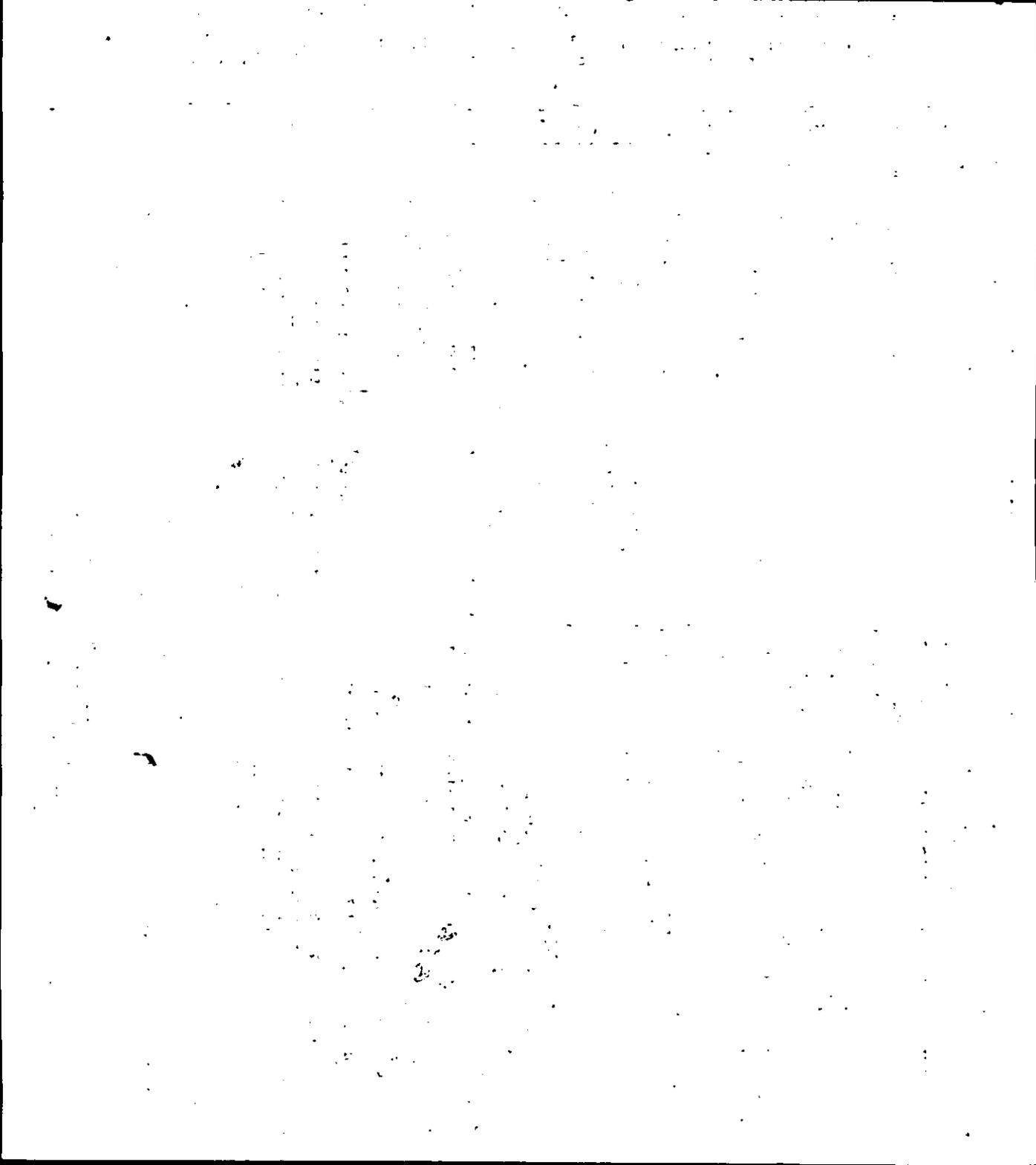
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) P. G. Buss, M. D.
(Address) St. Louis Co. Hosp

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
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St Louis Registration District No. 790
 Township Clayton Primary Registration District No. 6033A
 City St Louis Co Hosp (No. 330) St. _____ Ward _____

File No. 34041
 Registered No. 330

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) _____

FATHER
 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 2/21/35 19 1935 Robt J. Aukrust Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage of cerebral artery, laceration of spleen. Date of onset _____
and pneumonia.

Other contributory causes of importance: _____

Primary seat - Colon
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) _____, M. D.
 (Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FEB 7 1935

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