

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

Do not use this space.

JUL 12 1935

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. MISSOURI)

Registration District No. 791
Primary Registration District No. 1003
Pacific Hosp

File No. 21495
Registered No. 5453
St. _____ Ward _____

2. FULL NAME

William John Benecke
(a) Residence, No. 6341 Michigan Ave St. 1 Ward. _____
(Usual place of abode) Michigan (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS 78 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. x-watcher
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 81/20

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. A. Koehn
(ADDRESS) 6341 Michigan Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE 6-27 1935

19. UNDERTAKER Southern Und. Co.
(ADDRESS) 6322 S. Grand

20. FILED JUN 25 1935

J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10 1935, to June 24 1935.
I last saw him alive on June 24 1935. Death is said to have occurred on the date stated above, at 11:10 A.M.

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

1. Pneumonia
2. Acute Urinary Retention
3. Chronic Hypertension
4. Cardiac Decompensation

Other contributory causes of importance:

1. Paralysis agitans
Urinary retention caused by Hypertrophy of prostate

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) Arthur M. Bayl M. D.
(Address) Pro. Pacific Hospital St. Louis

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.

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