

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.

12 - JAN 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1003
(No. Christian Hospital)

File No. 46555
Registered No. 12345
St. Ward

2. FULL NAME Clara Benson

(a) Residence, No. 5571 Claxton Avenue St. 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. 7 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>John W. Benson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 10th, 1869</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>4</u>
	DAYS <u>5</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>Housewife</u>
	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) Sweden

FATHER 13. NAME Johnson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT John W. Benson
(ADDRESS) 5571 Claxton Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE December 18, 1936

19. UNDERTAKER H. Earl Bulpitt, Co.,
(ADDRESS) Taylorville, Illinois

20. FILED J. F. Bredeck
REG 16 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1936, to December 15, 1936

I last saw her alive on December 15, 1936. Death is said to have occurred on the date stated above, at 9:30 m. PM

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

Principious Anemia

Date of onset ?

Other contributory causes of importance:

Myocarditis (chronic)

Hypertension

?

?

Name of operation..... Date of.....

What test confirmed diagnosis? Microscopic Was there an autopsy? No

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) J. Louis Schuchat, M. D.

(Address) 2702 Chateau Ave.

Rev. Belcher
2200 Chouteau
12 M.