

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County CORegistration District No. 791Township St. LouisPrimary Registration District No. 1003City St. Louis (No. 16423)City Hospital No. 1003File No. 8840Registered No. 2330

St. _____ Ward _____

B. 16423

Anna Benson

2. FULL NAME

(a) Residence, No. 2800 University St. 2 D 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>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Benson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1859

7. AGE YEARS <u>77</u>	MONTHS <u>11</u>	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. hwk at home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 35

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) Maryland 213. NAME John Small 3114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 3115. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Hosp. Info. M.H. Kent
(ADDRESS) City Hospital No. 118. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE Mch 1 193719. UNDERTAKER Wm. Paschke
(ADDRESS) 2825 No. Grand20. FILED J. P. Bredek
REGISTRAR

FEB 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from

2/14/37, 1937 to 2/25/37, 1937I last saw h. ham alive on 2/25/37, 1937. Death is saidto have occurred on the date stated above, at 2/26 p

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

Date of onset _____

Intestinal obstruction
Carcinoma of Colon

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? _____

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

Accident, suicide, or homicide? none Date of injury _____, 1937Where did injury occur? none

(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) George S. Boyalig, M. D.(Address) City Hospital No. 1

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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