

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

Do not use this space.

SEP 10 1937

28687

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **500 So. Kingshighway**) St. **11** Ward **St. Louis Childrens Hospital**

File No. **7320**  
 Registered No. **7320**

**2. FULL NAME** Ronald Benning

(a) Residence, No. 4658 Evans St. 11 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred Life 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 Amer. W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/18/37  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 13

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. Child  
 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, Mo.

13. NAME Lee Benning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Mary Upton

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

17. INFORMANT C. Schroeder (ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 8-2-37

19. UNDERTAKER (ADDRESS) Edith C. Ambush  
7334 Manchester Ave

20. FILED AUG 2 - 1937 Registrar. J. Bredeck

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31/37, 19...  
 22. I HEREBY CERTIFY, That I attended deceased from 7/27/37, 19... to 7/31/37, 19...  
 I last saw him alive on 7/31/37, 19... Death is said to have occurred on the date stated above, at 2:30p.m.  
 The principal cause of death and related causes of importance were as follows:

DIARRHEA, PARENTERAL DEHYDRATION  
PERITONITIS, NO ORGANISM ON CULTURE  
 Other contributory causes of importance: 119B

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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?.....  
 If so, specify Yes  
 (Signed) Earl L. Evans, Jr., M. D.  
 (Address) 500 So. Kingshighway

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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