

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH20089
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. LouisRegistration District No. 791
Primary Registration District No. 1008
(d) Street No. City Hospital No. 1Registered No. 5228(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

D. 17547
William Benzie 520
(a) Residence, No. 4664 a Cottage 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche Benzie6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 18967. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 1 10OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4FATHER 13. NAME Alex Benzie 414. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4MOTHER 15. MAIDEN NAME Joan Mc Crey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland17. INFORMANT (ADDRESS) Hosp. Info M. Kent18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6/9/3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullen & Kelly
1416 N. Taylor Ave20. FILED JUN 8 1938 J. D. Bredner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6/38, 1922. I HEREBY CERTIFY, That I attended deceased from 3/1/38, 19 6/6/38, 19I last saw h him 6/6/38, 19. Death is said to have occurred on the date stated above, at 1.30 p

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

Chronic pulmonary tuberculosis Date of onsetOther contributory causes of importance: 23

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify.

(Signed) J. W. Maxwell M. D.(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Clement W. McKeef

Licensed Embalmer No. 3732

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.