

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.

REC'D MAY 11 1939

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

16204
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Carrandlet Primary Registration District No. 200
 (c) City Jefferson Barracks (d) Street No. Veterans Facility Registered No. 734
 (e) Length of residence in city or town where death occurred Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Benisch

(a) Residence, No. 3214-a North Dakota Ave. St. St. Louis, Mo.
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Bernadine Benisch (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
45 11 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tube splicer
 9. Industry or business in which work was done, as 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) Saint Louis, (STATE OR COUNTRY) Missouri.

13. NAME John Benisch

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

15. MAIDEN NAME Frances Klamn

16. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Germany

17. INFORMANT Medical Clerk, VAF Jefferson Barracks, Missouri. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE April 25 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U.S.A. Co. (ADDRESS) 7814 S. Broadway

20. FILE APR 25 1939 W.C. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 15 1939, to April 22 1939

I last saw h. im. alive on April 22 1939 Death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:
Valvular heart disease, mitral and aortic with chronic myocarditis. Date of onset Unkn.

Other contributory causes of importance: None.

Name of operation None Date of -
Phy. clinical manif. and lab. 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 Teach English
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF., Jefferson Barracks, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.