DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

SEP 14 1939

State File No. 27675

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7175

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
1016a Allen Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1016a Allen Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Margaret M. Benkler 524

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Benkler

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April (Month) 7, (Day) 1876 (Year)

8. AGE: Years 63 Months 4 Days 9 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Andrew Dietz
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Elizabeth Lange
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Joseph Benkler
(b) Address 1016a Allen Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director W M J Robert
(b) Address AUG 18 1939 1005 So. Grand Blvd.

19. (a) (Date received local registrar) (b) J F Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16, year 1939 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from Mar 8, 1938, to Aug 16, 1939 that I last saw her alive on Aug 15, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	5 mo
Due to: Chr. myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature T. Schindenoff (M. D. or other) M.D.
Address 2000 S 9th Date signed 8/18/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 8-17-39 I X19511

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.....N. J. Robert.....

Licensed Embalmer No.....592.....

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.