

WHILE I LIVE—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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27753

Registrar's No. 7253

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County: 1003
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4037-N-22nd St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Ola Benson 525

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: m 5. Color or race: W 6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: Paulina Benson 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: mar. 19 1845 (Month) (Day) (Year)

8. AGE: Years: 94 Months: 5 Days: 0 If less than one day: _____ hr. _____ min.

9. Birthplace: Sweden 7 (City, town, or county) (State or foreign country)

10. Usual occupation: Retired 7

11. Industry or business: _____ 9

MOTHER FATHER { 12. Name: Unknown 9

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Ed Child Beck 17. (a) Burial (b) Date thereof: 8-22-39 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill Cem.

18. (a) Signature of funeral director: Edumigan Bros 18. (b) Address: 7504 Woodson Overland, Mo.

19. (a) AUG 21 1939 (b) J. F. Beck (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: _____
(c) City or town: St. Louis, Mo. 30 (If outside city or town limits, write "RURAL")
(d) Street No.: 4037-N-22nd St. (If rural, give location)
(e) If foreign born, how long in U. S. A.: _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug; day: 19 year: 1939 hour: 7 minute: 50 A. M.

21. I hereby certify that I attended the deceased from June 19 1939, to Aug 19 1939, and that death occurred on 8-19-39 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage Duration: 4 days

Due to: hypertension

Due to: chronic interstitial nephritis ?

Other conditions: (include pregnancy within 3 months of death)

PHYSICIAN: _____ Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____

While at work?: _____ (Specify type of place) (e) Means of injury: _____

23. Signature: Conrad H. Oelfken (M.D. or other) Address: 3148 Olive St. Date signed: 8/21/39

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 *Lester R. Bannister*

Licensed Embalmer No. *2215*

P. O. Address *Overland, 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.

St. Louis # 84

*ST
16
62*