

Registration District No. 1003

Primary Registration District No.

Registrar's No.

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: _____
Homer Phillips 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 6/30/39
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Winnie Bennett 531

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Bennett 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. 24, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>11</u>	<u>22</u>	hr. _____ min _____

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation laundress

11. Industry or business _____

MOTHER FATHER

12. Name Alphonsa McClain

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

14. Maiden name Elizabeth Miller

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

16. (a) Informant's own signature Winnie Bennett

(b) Address 312 Convent

17. (a) Removed (b) Date thereof Sept 19 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coast St. Louis

18. (a) Signature of funeral director Lucinda Thomas

(b) Address 2734 Sheridan

19. (a) SEP 18 1939 (b) J. P. Beckwith
(Date received local registrar) (Name of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis B2
(If outside city or town limits, write "RURAL")

(d) Street No. 312 Convent
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1939 hour 10 minute 20 a. M.

21. I hereby certify that I attended the deceased from 6/30/39
_____ 19____ to 9/16/39 _____ 19____
that I last saw h. EX alive on 9/16/39 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease Duration abt 3 yrs

Due to _____

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? _____

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

23. Signature H. J. Lyman (M. D. or D. O.)
Address 2601 N. Whittier Date signed 9/18/39

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.

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.....

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

Signed *Rex P. Campbell*
Licensed Embalmer No. *3881* (City # *17*)
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.