

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

33516
Do not use this space.

OCT 16 1939

1. PLACE OF DEATH

(a) County St. Louis 3 Registration District No. 784

(b) Township Overland Primary Registration District No. 228

(c) City Marion (d) Street No. 228 St. Mo

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida B. Bene

(a) Residence, No. 4648a Gravois St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alex Bene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 10 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

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) (STATE OR COUNTRY) St. Louis, Mo

FATHER

13. NAME Fred Franzmann 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 7

MOTHER

15. MAIDEN NAME Emma (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) H. Bene

18. BURIAL, CREMATION, OR REMOVAL PLACE N. S. Peter & Paul DATE 10-2-39

19. FUNERAL DIRECTOR (ADDRESS) Southern Funeral Home

20. FILED SEP 29 1939 R. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26 - 1939, to Sept. 29 - 1939

I last saw her alive on Sept. 25 - 1939. Death is said to have occurred on the date stated above, at 3-2-a-m.

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

Chronic nephritis -

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Other contributory causes of importance: Diabetis Mellitis

Thrombosis -

Date of onset 1 yr.

Name of operation No Date of -

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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? No

If so, specify -

(Signed) Ray A. Heister M. D.

(Address) 3435 Woodlin Rd. Overland, Mo.

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, Virgil L. Berryman, Licensed Embalmer No. 4018

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Virgil L. Berryman
Licensed Embalmer No. 4018

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.)