DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34293

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 8831

1. PLACE OF DEATH:

(a) County 1

(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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos. 12 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 1

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4347 St. Louis Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME John Benton 595

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Annie Benton

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 12, 1865
(Month) (Day) (Year)

8. AGE: Years 73 | Months 9 | Days 29 | If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Tom Benton
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Emily Swift
15. Birthplace (City, town, or county) Miss. (State or foreign country)

16. (a) Informant's own signature Annie Benton
(b) Address 4347 A.R. St Louis Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director G. W. Bruce
(b) Address 1003 N Garrison Ave.

19. (a) OCT 17 1939 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10- day 11
year 1939 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from 6-1-, 1939, to 10-11, 1939;
that I last saw him alive on 10-11-, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis

Due to Arteriosclerotic Heart Disease

Due to Arteriosclerotic Gangrene of Both Legs

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations Gangrene Foot (Amputation) Left.

Of autopsy

Duration

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 Richard C. Hackney (M. D. or other)
Address 2601 N. Whittier Date signed 10-13-39

(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.

MARGIN RESERVED FOR BINDING

SOM-3-17-39 Rev. 5-17-39 1 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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2118

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.