

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3728
Registrar's No. 70

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch
(c) Name of hospital or institution: Robert Koch Hospital
(d) Length of stay: In hospital or institution 486
In this community 486 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 2589 Montgomery
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ISAAC BENNETT
(b) If veteran, name war _____ (c) Social Security No. 499-01-2193

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy Jackson
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased April 8 1913

8. AGE: Years 26 Months 8 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Webbaca Arkansas

10. Usual occupation Laborer

11. Industry or business Automobile industry, UPA

MOTHER FATHER
12. Name Clarence Bennett
13. Birthplace Unknown
14. Maiden name Mary Mc Gee
15. Birthplace Unknown

16. (a) Informant's own signature Deceased

(b) Address 2589 Montgomery

17. (a) Burial (b) Date thereof Jan 11 1940
(c) Place: burial or cremation Father Jackson

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Lafayette Blvd

19. (a) JAN 11 1940 (b) NR Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1940 hour 12 minute 40 AM

21. I hereby certify that I attended the deceased from July 1 1937 to January 5 1940
that I last saw him alive on January 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 2 yrs

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Refused

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) (a) Means of injury _____

23. Signature Clyde R. Nulster (M. D. or other) MD
Address Koch Hospital, Koch, Mo Date signed 5-40

(Licensed Embalmer's Statement on Reverse Side)

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

REV. 2-17-39 I X19311

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.

FEB 17 1948

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.....

Lida Hughes

Licensed Embalmer No.....

2938

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.