

Registration District No. 79th JUL 17 1940

Primary Registration District No. 1003

Registrar's No.

5496

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Harriett M. Benham

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color, or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec. 14, 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 11 If less than one day hr. _____ min.

9. Birthplace Ann Arbor Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Clerk

11. Industry or business N.Y. Life Ins Co

12. Name Samuel G. Benham

13. Birthplace Chicago N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Eloise S. Clough

15. Birthplace Chicago N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vernon Maye

(b) Address Waltonville, Ill.

17. (a) Removal (b) Date thereof 6-27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ann Arbor, Mich.

18. (a) Signature of funeral director C. L. Lupton & Sons

(b) Address # 7233 Belmont Blvd.

19. (a) JUN 27 1940 (b) J. F. Predeck
(Date) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6910 Amherst (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1940 hour 4 minute 37 P M.

21. I hereby certify that I attended the deceased from May 24
1940 to June 25, 1940
that I last saw her alive on June 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma, colon, right 2 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations NONE

Of autopsy NONE

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) (e) Means of injury _____

23. Signature W. R. Kupper (M. D. or other) M.D.
Address 402 N. 1st St. St. Louis Date signed 6-26-40

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

MOTHER FATHER

4500 Olive St
FD - 3800
6900 Conwell

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 Clarence H. Murray
Licensed Embalmer No. 408
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.