

17-39
X23159

FEB 25 1941 91
Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 371

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 Mo Baptist Hosp.
(If not in hospital or institution, write street number or location) 1 week
(d) Length of stay: In hospital or institution 1 yr.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Bennett

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

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

6. (b) Name of husband or wife John Bennett 6. (c) Age of husband or wife if alive 1872 years

7. Birth date of deceased Feb. 15 1941
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 28
If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business Un. Known Deason

12. Name

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

14. Maiden name Un. Known

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

16. (a) Informant Vanda Lewis

(b) Address 308 Chambers Rd

17. (a) Buried (b) Date thereof Jan. 15 1941
(Burial location) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zions No.

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Halls Ferry Rd.

19. (a) JAN 14 1941 (b) J. F. Brederick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 308 Chambers Rd. Riverview Garden
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1941 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from January 9, 1941, to Jan 12, 1941
that I last saw her alive on Jan 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic and hypertensive heart disease

Due to Arteriosclerotic and hypertensive heart disease
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: None
Of operations None
Of autopsy None
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 None

23. Signature T. S. Drake (M. D. or other)
Address 114 N. Taylor Date signed 1-13-41

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

MOTHER FATHER

96
N.P. 56
0

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 *Arthur R. Diehrich*

Licensed Embalmer No. *3556*

P. O. Address *St. Louis*

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 371 X
Registrar's No. 371

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Emma Bennett

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years 68 Months 11 Days 28

If less than one day hr. min.

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 308 Chambers Rd River View Garden
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country River View Garden

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw h _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

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) (a) Means of injury

23. Signature J. G. Drake (M. D. or other)
Address 114 N Taylor Date signed _____

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

SUPPLEMENTARY

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.....

Licensed Embalmer No.....

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, fact should be so stated above.