

No. 2
4-13-40
5-17-39
PI

FEB 14 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manleywood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2217 Yale Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Manleywood
(If outside city or town limits, write "RURAL")

(d) Street No. 2217 Yale Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Eugene A. Benito

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1941 hour 6 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maria Lucy Benito

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased January 10, 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1935, 1934, to January 8, 1941;
that I last saw him alive on January 7, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 11 Days 28
If less than one day

Immediate cause of death:
Permeious anemia
chronic myocarditis

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

Due to _____

Due to _____

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

10. Usual occupation Artist

11. Industry or business Oil painter

12. Name Leander Benito

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

14. Maiden name Eliza Lockhart

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

16. (a) Informant Stella Zeman

(b) Address 2217 Yale Ave.

17. (a) Burial (b) Date thereof 1/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director _____

(b) Address Clayton Rd. at Concordia Lane

19. (a) JAN 10 1941 (b) _____
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature Harry W. Wess (M. D. or J. D.) _____

Address 2301 S. Kingshighway Date signed 1/8/41

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. 1994

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, fact should be so stated above.