

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 25 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 4877
Registrar's No. 1125

Registration District No. _____ Primary Registration District No. _____

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: Firmin Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 wks 2 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Clava Benne H
3. (b) If veteran, name war _____ 3. (c) Social Security No. None
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Charles J. Bennett 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug. 28, 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Downard

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

14. Maiden name Huyett

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

16. (a) Informant Charles J. Bennett

(b) Address 3355 Oxford Ave

17. (a) Burial (b) Date thereof 2-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caladonia Mo

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7455 Manchester, Maplewood Mo.

19. (a) _____ (b) J. W. Medlock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 96
(c) City or town Maplewood NLR 5
(If outside city or town limits, write "RURAL") 3
(d) Street No. 3355 Oxford Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1
year 41 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from 1-2-41 to 2-1-41
that I last saw h.l.m. alive on 2-1-41
and that death occurred on the date and hour stated above.
Immediate cause of death Diffuse peritonitis Duration _____

Due to Perforated Gut (Possible)
following adhesions

Due to Adhesions due to
previous operation

Other conditions operation for
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of
Of operations _____

Of autopsy As above

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 0

23. Signature W. W. Hollis M.D. (M. D. or other) _____
Address Termin, Derby, Ind Date signed 2/3/41

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

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

working under my personal supervision.

Registered Apprentice No.

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.