No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11858

Registration District No. 757 FILED APR 11 1941

Primary Registration District No. 3036

Registrar's No. 58

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: 528 Transit Street 1
(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. Charles 92

(c) City or town St. Charles 9
(If outside city or town limits, write "RURAL")

(d) Street No. 528 Transit St 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Bennington

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Kay

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

7. Birth date of deceased February (Month) 16 (Day) 1860 (Year)

8. AGE: Years 81 Months 0 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

FATHER
12. Name Sam Bennington
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachael - Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Bennington
(b) Address 528 Transit, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cem. St. Louis, Mo.

18. (a) Signature of funeral director H.C. Dallmeyer & Sons Co.
(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 3-14-41 (Date received local registrar) (b) Clarence G. Wissler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1941 hour 9 minute 07 P M.

21. I hereby certify that I attended the deceased from 1-29-41, 19__, to 3-1, 1941; that I last saw him alive on 1-29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to _____

Due to _____ 95 C

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

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? 1-79 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature O. W. Lowers (M. D. or other) A.W.D.
Address 106 Washington Date signed 3-15-41

(Licensed Embalmer's Statement on Reverse Side) St. Charles, Mo.

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 John E Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.