

S. No. 2
4-13-40
5-17-39
WI X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1005

13034
State File No. 3464
Registrar's No.

Registration District No. 791

Primary Registration District No.

Registrar's No.

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital. 0
(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 _____
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3256-A South Compton.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME Louis A. Benish,
3. (b) If veteran, name war _____
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 20th,
year 1941. hour 12 minute 40 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Frances Benish,
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June 13th, 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-18
1941 to 4-20 1941
that I last saw h alive 4/4/41
and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 10 Days 7
If less than one day _____ hr. _____ min.

Immediate cause of death
Due to Cirrhosis of Liver
Chronic Int. Nephritis
Due to Accidental
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Saint Louis, Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Filling Station.

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Joe Benish,
13. Birthplace Unknown Missouri. 0
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Benish
(b) Address 3256-A South Compton.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof April 23rd, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park.

(c) Where did injury occur? _____ (City or town) (Country) (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

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2623 Cherokee Street.
19. (a) APR 23 1941 (b) J. T. Braddock
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other)
Address 4936 _____ Date signed _____

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.