

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

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FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22609
Registrar's No. 1339

Registration District No. 754

Primary Registration District No. 202

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Ballwin,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Highway #50.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 19 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,
(c) City or town Ballwin,
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #50.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Susy 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 Anthony Bennett, 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 13, 1839
(Month) (Day) (Year)

8. AGE: Years 102 Months 0 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired housewife

11. Industry or business Own home,

MOTHER FATHER { 12. Name John Bishop,

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

14. Maiden name Unknown,
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Grace Schleiter,
(b) Address Ballwin, Mo.

17. (a) Burial, (b) Date thereof June 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. E. Cem. Manchester

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) JUN 26 1941 (Date received local registrar) D. R. Meyer, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25,
year 1941 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 1st, 1939 to June 25, 1941
and that death occurred on the date and hour stated above.
that I last saw her alive on June 24, 1941

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____
Due to _____

Other conditions Osler's Schistos
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93A
Of autopsy _____
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 R. G. Jansen (M. D. or _____)
Address Manchester, Mo. Date signed 6/26/41

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 *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, Mo.*

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

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