

FILED AUG 8 1941

Registration District No. 784

Primary Registration District No. 115

1. PLACE OF DEATH: St. Louis

(a) County _____

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

(c) Name of hospital or institution:
6630 Clemens
(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

3. (a) PRINT FULL NAME Max Benesch

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jessie Benesch

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 28-1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	-	27	hr. min.

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

10. Usual occupation clothing salesman (retired)

11. Industry or business _____

12. Name Adolph Benesch

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

14. Maiden name unknown

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

16. (a) Informant Jessie Benesch

(b) Address 6630 Clemens

17. (a) Burial (b) Date thereof 7-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindskopf
5216 Delmar

(b) Address _____

19. (a) JUL 26 1941 (b) JR Meyer
(Date received in Missouri) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6630 Clemens
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year _____ hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 1941 to July 25, 1941, that I last saw him alive on July 25, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis and Hypertension.

Duration 7 months

Due to 93d

Due to _____

Other conditions Microcytic anemia,
(Include pregnancy within 3 months of death)

weeks 6

Major findings: _____

Of operations _____

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 [Signature] Date signed JUL 27 1941

Address 320 Metropolitan Bldg

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.....

....., Registered Apprentice No.....

working under my personal supervision.

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.