

DEC 22 1941 791

State File No. _____
Registrar's No. 8757

Registration District No. _____ Primary Registration District No. _____

1003

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1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis Children's Hospital 0
(d) Length of stay: In hospital or institution 10 hrs.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
Street No. 5029 Vernon
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Robert William Benton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 28 41
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace De Soto Mo 10
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name William Patton
13. Birthplace _____
14. Maiden name Mary Cantaway
15. Birthplace _____

16. (a) Informant Patricia Snare
(b) Address St. Louis Children's Hosp.

17. (a) Burial (b) Date thereof Nov 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo

18. (a) Signature of funeral director J. E. Mothushead
(b) Address De Soto Mo

19. (a) NOV 4 1941 (b) J. T. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3, 1941
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 11:30 AM
Nov. 3 1941 to Nov 3 1941;
that I last saw h. i. m. alive on Nov 3 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration _____

Due to Congenital Heart Disease

Due to _____

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

Major findings: _____
Of operations 151
Of autopsy 151

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 _____

23. Signature J. T. Budick (M. D. or other) _____
Address De Soto Mo Date signed _____

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

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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.

Signed *J. E. Motherhead*
Registered Apprentice No.
Licensed Embalmer No. *3531*
P. O. Address *Delato m*

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.