

No. 2
1-4-41
5-17-39
X28390

State File No.

Registrar's No.

FILED APR 20 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Martin Bennish

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 29, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 15 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Plumbing

12. Name Joseph Bennish Bohemia

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

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

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

16. (a) Informant Will Bennish

(b) Address 2451 Kosciusko

17. (a) Burial (b) Date thereof Apr. 16, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter and Paul Cm

18. (a) Signature of funeral director Weick Bros. Und. Co

(b) Address 2201 S. Grand Bl.

19. (a) APR 14 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2451 Kosciusko St. (If rural, give location) 9
(e) No. Attending Physician (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 13
year 1942 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy
Heart
Due to _____
Due to _____
Other conditions: _____ (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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) _____
Means of injury _____
23. Signature W. J. Gray (M. D. or other) _____
Address _____ Date signed 4/14/42

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

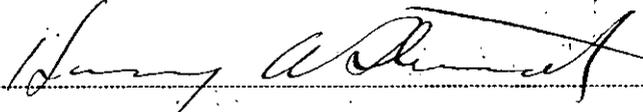
STATEMENT BY LICENSED EMBALMER

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. 3722

P. O. Address... 412 Duchouquette St.

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.