

S. No. 2
M-5-42
7-5-17-39
I-X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31269

State File No. _____

FILED OCT 6 1942

Registration District No. _____ Primary Registration District No. 101 Registrar's No. 2009

96
329
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County St Louis Mo
(b) City or town St Charles Mo
(c) Name of hospital or institution: Memorial H. 3 Bishop
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Charles 92
(c) City or town St Charles 9
(d) Street No. 114 N. Second St
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Emma Arthur Benoit
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September 26
year 1942 hour 4:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from May 12
1941 to Sept 26 1942
that I last saw him alive on Sept 20
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife Lena Jacobs
(c) Age of husband or wife if alive 58 years

Immediate cause of death
Coronary Thrombosis
with occlusion
Due to Coronary heart disease 2 yrs.
Diabetes Mellitus 2 yrs.
Due to Essential Hypertension 2 yrs.

8. AGE: Years 60 Months 3 Days 22
9. Birthplace Romont Switzerland
10. Usual occupation Jeweler
11. Industry or business _____

Other conditions _____
Major findings: 61
Of operations _____
Of autopsy _____

MOTHER FATHER {
12. Name Emma Benoit de
13. Birthplace Switzerland
14. Maiden name Lena Scholl
15. Birthplace Switzerland
16. (a) Informant Mrs N.A. Benoit
(b) Address 114 N 2nd St Charles Mo
17. (a) Burial (b) Date thereof Sept 29 1942
(c) Place: burial or cremation Oak Grove Cemetery St Louis County
18. (a) Signature of funeral director Dr. L. Dallmeyer
(b) Address St Charles Mo
(c) SEP 28 1942 (d) G. M. Yarnon

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature Dr. J. P. Powers
Address 106 Washington St Charles, Mo.

NOV 24 1943

NOV 4 1942

AUG 22 1947

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 John E. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles Mo

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

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

