

FILED JUN 25 1943  
Registration District No. 17

Primary Registration District No. 6076

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

76  
0  
0

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town KOCH

(c) Name of hospital or institution: ROBERT KOCH HOSP. O.  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 70 days  
(If not in hospital or institution, write street number or location)  
(Specify whether)

In this community         
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County - 000

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 3236 LAURETTE  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country       

3. (a) PRINT FULL NAME LEON BENEDICT

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 497-03-0487

4. Sex MALE

5. Color or race WID.

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

6. (b) Name of husband or wife MARY FRANCES JONES

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

7. Birth date of deceased 11 - 24 - 1896  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>6</u>	<u>25</u>	hr. <u>      </u> min. <u>      </u>

9. Birthplace HOWARD CO. ARK  
(City, town, or county) (State or foreign country)

10. Usual occupation CABINET MAKER

11. Industry or business       

MOTHER FATHER {

12. Name HENRY HARVEY BENEDICT

13. Birthplace ALASKA CO. ARK.  
(City, town, or county) (State or foreign country)

14. Maiden name ELENA CORDELA ADAMS

15. Birthplace CONWAY CO. ARK.  
(City, town, or county) (State or foreign country)

16. (a) Informant PATIENT.

(b) Address       

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Hv. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 23 1943 (b) [Signature]  
(Date) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19  
year 1943 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 4-9-43 to 6-19-43  
that I last saw him alive on 6-19-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Preliminary Tuberculosis

Due to       

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Duration 84 days?

PHYSICIAN         
Underline the cause to which death should be charged statistically.

Major findings: 1361  
Of operations       

Of autopsy Preliminary Tuberculosis

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] (M. D. or other)       

Address Koch, Mo Date signed 6/20/43

**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 P. Bushholz* .....  
Licensed Embalmer No..... *1674* .....  
P. O. Address..... *2323 So. Main Ave* .....

**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.**