

FILED OCT 27 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9069**

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 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
In this community 2 Years  
years, months or days (Specify whether)

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") 17  
(d) Street No. 2618 So. 7th St. (If rural, give location) 239  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS JOHN BENSON

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 5th 1936  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
7 9 9 hr. min.

9. Birthplace Ripley Miss. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

12. Name Tom Benson

13. Birthplace Ripley, Miss. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Cecil Casey

15. Birthplace Ark. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Benson

(b) Address 2618 So. 7th St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-15-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Ripley, Miss.

18. (a) Signature of funeral director a. w. m. Laughlin

(b) Address 2301 Lafayette Ave.

19. (a) OCT 14 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14  
year 1943 hour 10:50 minute AM

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

Immediate cause of death: Tetanus, Lobar Pneumonia suffered when deceased stepped on a nail and punctured his right foot in the yard in the rear of his home  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
2618 So. 7th St. on or about Sept 28-1943 exact time unknown 10-8

Other \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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) Accident  
(b) Date of occurrence 9-28-43  
(c) Where did injury occur? St. Louis (City or town) (County) (State) 000  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Thomas J. Callahan (M.D. or other) \_\_\_\_\_  
Address Deputy Coroner Date 10/14-43

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

MOTHER FATHER

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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.....

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

working under my personal supervision.

Signed

*L. R. Criger*

Licensed Embalmer No. *36,33*

P. O. Address *2317 Lafayette*

**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.**