

Registration District No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois
(b) County _____
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 426 Trendley
(If rural, give location) NR.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Martin Benson

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

4. Sex Male 5. Color or race Wh. 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 Aug. 13 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 7 1 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Harry Benson

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

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

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Benson

(b) Address 426 Trendley-E. St. Louis

17. (a) Burial (b) Date thereof 3-16-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cen.

18. (a) Signature of funeral director Herman Gindoroff

(b) Address 5216 Delmar Blvd.

19. (a) MAR 15 1944 (b) J. F. Breese
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1944 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 18
1944 to March 14 1944
that I last saw him alive on March 14 and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis - Post-operative Duodenal Ulcer. Duration _____

Due to _____

Due to _____

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

Major findings: Penetrating ulcer into Pancreas
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) _____

(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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Herman G. Meyer (M. D. or other) MD

Address 508 N. Grand Date signed 3/15/44

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

MOTHER FATHER

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 Ketter

Licensed Embalmer No. *3880*

P. O. Address *5216 Delmar*

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.