

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35046**  
Registrar's No. **10113**

**FILED NOV 29 1945**

Registration District No. **318** Primary Registration District No. **100**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Deelege Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. Frank H. Benson  
In this community Frank H. Benson  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1118 Gale Ave  
(If rural, give location) N.R.  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Benson, Frank H.  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 21st  
year 1945 hour 9 minute 30 P.M.  
21. I hereby certify that I attended the deceased from November 6th, 1945 to November 21, 1945  
that I last saw him alive on November 21st, 1945  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Louise Buntz 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Feb 13 1868  
(Month) (Day) (Year)

Immediate cause of death pneumonia  
Duration 10 1/2 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) prostatic hypertrophy

8. AGE: Years 77 Months 9 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New York (City, town, or county) N.Y. (State or foreign country)  
10. Usual occupation Operator  
11. Industry or business Rep Bowling Alley  
12. Name Ellery Benson  
13. Birthplace Ballas Falls Vermont (City, town, or county) (State or foreign country)  
14. Maiden name Julia Callahan  
15. Birthplace Vermont (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Bronchial pneumonia benign prostatic hypertrophy  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Daughters  
(b) Address 1118 Gale Ave  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/45 (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cem.  
18. (a) Signature of funeral director J. J. Cragham  
(b) Address 7146 Magnolia  
19. (a) NOV 23 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_  
23. Signature Eugene T. Drost (M. D. or other) M.D.  
Address 1375 S Grand Ave Date signed 11-22-45

(Licensed Embalmer's Statement on Reverse Side)

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 Agonaski*

Licensed Embalmer No.

*3398*

P. O. Address.....

**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.