

FILED JUN 26 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5290

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY INFIRMARY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-17-46 to 6-12-46 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 2017
(d) Street No. 2830 n JEFFERSON (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME MARTIN BENECKE

3. (b) If veteran, name war None 3. (c) Social Security No. 488-07-1929

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

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

7. Birth date of deceased 58 9 - 19 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 8 22 22 hr. 4 min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

12. Name FRED

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

14. Maiden name Unknown

15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mr Henry Jurczyk

(b) Address 4529a Flad Ave

17. (a) Cremation (b) Date thereof 6/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 14 1946 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12 year 1946 hour 3 minute 10 AM

21. I hereby certify that I attended the deceased from 2-17-1946 to 6-12-1946
that I last saw him alive on June 12th and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LUNG, R Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) Means of injury C

23. Signature Palmer P. Boudich (M. D. or other)

Address 5800 Arsenal St Date signed 6-13-46

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 *Raymond F. Hermann*
Licensed Embalmer No. *4266*
P. O. Address *St. Louis 7 Mo*

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.