

**FILED OCT 31 1946**

71946  
318

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

8355

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 5 days  
(Specify whether  
In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County .....  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4744 Alabama  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME. Elizabeth Benefield

3. (b) If veteran, name war. --  
3. (c) Social Security No. 434-12-5488

4. Sex. Female 5. Color or race. White  
6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Oscar B.  
6. (c) Age of husband or wife if alive. 61 years  
7. Birth date of deceased. April 23 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 5 5 hr. min.

9. Birthplace. New Orleans Louisiana  
(City, town, or county) (State or foreign country)

10. Usual occupation. Boyd's Richardson

11. Industry or business

12. Name. Anthony Vallaire  
13. Birthplace. New Orleans Louisiana  
(City, town, or county) (State or foreign country)  
14. Maiden name. Catherine Caurrino  
15. Birthplace. New Orleans Louisiana  
(City, town, or county) (State or foreign country)

16. (a) Informant. Lillian Oellermann  
(b) Address. 4744 Alabama

17. (a) Burial (b) Date thereof. 9/29/46  
(Burial, entombment, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. New Orleans, La.

18. (a) Signature of funeral director. Walter Gravois  
(b) Address. 3634 Gravois Ave.

19. (a) SEP 29 1946 (b) J. F. Bredeck  
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Sept. day. 28  
year. 1946 hour. 3 minute. 05A. M.

21. I hereby certify that I attended the deceased from Sept 24th to Sept 27th that I last saw him alive on Sept 27th and that death occurred on the date and hour stated above.

Immediate cause of death. Metastatic Carcinoma (to Brain)  
Due to. Carcinoma of Breast  
Due to. None

Other conditions. (Include pregnancy within 3 months of death) None

Major findings: Of operations. None  
Of autopsy. None

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. None

23. Signature. CE Stindel (M. D. or D. O.)  
Address. 3651 G. White Sq. Date signed. 9/29/46

600  
1577  
9  
0

Duration  
1 week  
6 months

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

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

**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 Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address St. Louis, 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.**