No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18618

Registrar's No. 5062

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: Park Lane Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Several Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 312 W. Essex Ave., 3
(If rural, give location)

(e) Citizen of foreign country? NR No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Benton Lane Black

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Johanna

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. (Month) 29 (Day) 1872 (Year)

8. AGE: Years 74 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Decatur, (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Real Estate Broker

11. Industry or business

MOTHER FATHER

12. Name Benton Black

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

14. Maiden name Margaret Lane

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

16. (a) Informant Dorothy Black

(b) Address 312 W. Essex Ave., Kirkwood

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/20/47 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) MAY 20 19 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1947 hour 9:45 P.M. minute M.

21. I hereby certify that I attended the deceased from 4/22/47, 19, to 5/17/47, 19; that I last saw him alive on 5/17/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death 1-Peritonitis (perforation) 2-Intestinal Obstruction — Duration

Due to Carcinoma of descending Colon

Due to

Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis

Major findings: 4/22/47 Acute Myocardial Infarction

Of operations

Of autopsy As above-Hypertrophied Heart

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 O

23. Signature C. B. Walters (M. D. or other)

Address Kirkwood, Mo. Date signed 5/19/47

(Licensed Embalmer's Statement on Reverse Side)

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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.