

S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19548**
Registrar's No. **1078**

FILED MAY 27 1947

Registration District No. **317** Primary Registration District No. **3063**

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 days
In this community 3 1/2 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME HENRY 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 Married
6. (b) Name of husband or wife Irene Benson 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased 3 19 1884
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Brooklyn, New York
(City, town, or county) (State or foreign country)
10. Usual occupation unemployed

11. Industry or business _____
12. Name John Benson 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant wife Irene Benson
(b) Address 1360 S. Kirkwood Road
17. (a) Burial (b) Date thereof 5-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Bopp
(b) Address Kirkwood, Mo.
19. (a) 5-19-47 (b) Beal R. Shaffer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co. 9th
(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 11
(d) Street No. 1360 S. Kirkwood (If rural, give location) 3
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1947 hour 2 minute 30 a.m.
21. I hereby certify that I attended the deceased from May 13th
1947 to May 15th, 1947;
that I last saw him alive on May 15th, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident Duration 36 hrs
Due to Hypertensive cardio-vascular disease 2 yrs +
Due to _____

Other conditions old left hemiplegia
(Include pregnancy within 3 months of death)
Major findings: 930 PHYSICIAN _____
Of operations _____
Of autopsy Hypertrophy + dilatation of heart, cerebral vascular accident
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?
While at work? _____ (Specify type of place)
Signature John H. Bopp M.D. (M. D. or other) 3
Address _____ Date signed _____

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 Seteo B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond, Virginia

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.