S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35504

Registrar's No. 9441

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

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 City Hospital #1 Pd
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 Yale Ave 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary P. Benson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Benson

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

7. Birth date of deceased 3/29/1897 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	6	11	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Practical Nurse

11. Industry or business

FATHER
12. Name John Plummer
13. Birthplace (City, town, or county) So. Carolina (State or foreign country)

MOTHER
14. Maiden name Sarah Garland
15. Birthplace (City, town, or county) So. Carolina (State or foreign country)

16. (a) Informant Bessie Hilton
(b) Address 1120 Yale Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Road

19. (a) OCT 13 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th year 1947 hour ~~4.14~~ 5 minute 13 P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Sodium Flouride Poisoning, Self Administered When found in a semi-conscious condition in front of 4140 W. National Bridge Ave. on Oct. 10 1947 at about 42 PM

Due to

Due to

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 165

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Oct 10 1947

(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Sidewalk (Specify type of place)

While at work? (e) Means of injury Sodium

23. Signature Fo Elsa Or Dep (M. D. or other) 10/13/47

Address 1300 Clark Date signed 10/13/47

Jefferson City Printing Co.

(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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.