S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42848

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11487

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: Peoples Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aao

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4033a Cook Avenue (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Bessie Benson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 22 (Month) 1900 (Day) (Year)

8. AGE: Years 47 Months 4 Days 19 If less than one day hr. min.

9. Birthplace West Point, Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Allen Boykin
13. Birthplace Fairfield, Alabama (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Jordan
15. Birthplace Fairfield, Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Sam Benson

(b) Address 4033a Cook Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) DEC 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th year 1947 hour 12 minute M.

21. I hereby certify that I attended the deceased from Nov. 11th, 1947 to Dec 11th, 1947; that I last saw her alive on Dec 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death = Coronary Occlusion

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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 0

23. Signature [signature] (M. D. or other)

Address 2337 Market Street Date signed

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: Thomas J. Watts

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.