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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14880

State File No. 11

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1146

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town RICHMONTS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST MARYS HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 YEARS (Specify whether years, months or days)

In this community 18 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME JERRY BENOIST

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased DEC 14 1928
(Month) (Day) (Year)

8. AGE: Year 19 Months 4 Days 20
If less than one day hr. min.

9. Birthplace GREENSBORO NORTH CARO
(City, town, or county) (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business -

12. Name HUNT BENOIST

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

14. Maiden name JULIETTE REYBURN

15. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Hunt Benoit

(b) Address 4727 Westminster

17. (a) BURIAL (b) Date thereof MAY 6 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALVARY CEM

18. (a) Signature of funeral director Walter Borker

(b) Address 4736 Oak on Rail

19. (a) 5-6-48 (b) Bureau of Health
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County -

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4727 WEST MINISTER
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1948 hour 9:30 minute - M.

21. I hereby certify that I attended the deceased from -, 19-, to -, 19-;

that I last saw him - alive on -, 19-;

and that death occurred on the date and hour stated above.

Immediate cause of death Amputated left leg below knee due to gangrene following auto accident

Other conditions -
(Include pregnancy within 3 months of death)

Major findings: Of operations 170 C-8

Of autopsy Fixing flat on car when struck by another car.

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

(a) Accident, suicide, or homicide (specify) Standing on highway

(b) Date of occurrence April 24-1948

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

While at work? no (Specify type of place)

(c) Means of injury auto

23. Signature Duff Allen (M.D. or other)

Address 4500 Olive St Lmo Date signed 5-7-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Rep 0994

Dr. Allen

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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

ST. LOUIS COUNTY HEALTH DEPARTMENT

631 BRENTWOOD BOULEVARD

P. O. BOX 267 CLAYTON 5. MISSOURI

ADDRESS ALL CORRESPONDENCE TO THE COMMISSIONER

CECIL A. Z. SHARP, M.D., M.S.P.H.
COMMISSIONER OF HEALTH

May 25, 1948

Dr. R. M. James, Director
Department of Public Health and Welfare
Division of Health
Jefferson City, Missouri

Attention: Mr. E. Musselman, Director
Section of Vital Statistics

Dear Dr. James:

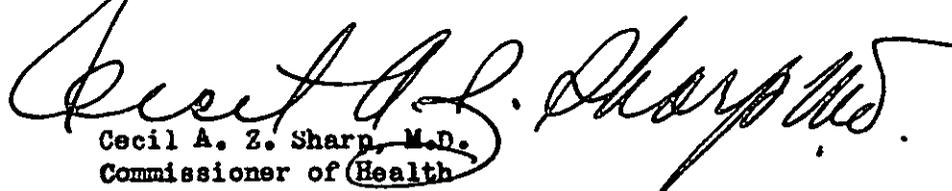
On May 7, 1948 we received a completed death certificate for Jerry Benoist, our file number 1146. This death certificate was brought to us by the Watson-Bocklage funeral directors and had been signed by Dr. Duff Allen.

Quite by accident we find that this boy is still alive and that the death certificate was brought in in order to get a burial permit to bury the amputated limb.

In order to correct the error that has been made, we request that you remove the death certificate on Jerry Benoist from your files, inasmuch as he is still alive and a patient at Saint Mary's Hospital.

In an effort to impress upon the hospital, Watson-Bocklage funeral directors, and Dr. Duff Allen their error in this matter, I am going to request each of them to file an affidavit with me that Jerry Benoist is not dead and I will forward these affidavits to you.

Yours very truly,



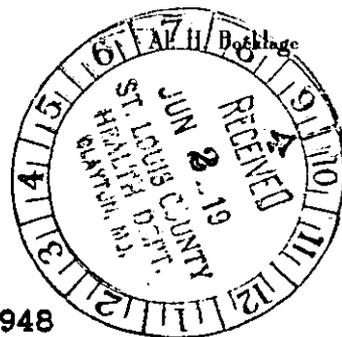
Cecil A. Z. Sharp, M.D.
Commissioner of Health

CAZS:bc

Watson-Bocklage Funeral Home

6536 Clayton Road

STerling 1600



June 1, 1948

Dr. Cecil A. Z. Sharp
Commissioner of Health
St. Louis County

Dear Dr. Sharp:

As per your request, I am enclosing the affidavit pertaining to the burial of the limb of Jerry Benoist.

At the time, I was instructed by Mr. Hunt Benoist, the father, to bury the limb on their private lot in a specified grave in Calvary Cemetery. I inquired from Mr. Morton Lucas, Secretary of Calvary Cemetery Association, what was required and was told that I would have to have a regular burial permit. I had one filled out, getting all the necessary information from the family, then had it signed by Doctor Duff Allen showing on the certificate amputation of leg.

I no doubt think that the bureau in Jefferson City misconstrued it thinking that it was the cause of death. I regret that this misunderstanding occurred, and I assure you that if it ever happens again I will consult your office first. Thanking you again.

Sincerely yours,

WATSON BOCKLAGE FUNERAL HOME INC.

Alphonse H. Bocklage

AHB:jab

