

No. 300  
-10-47  
5-17-39  
P1 3906

FILED SEP 7 1948

Registration District No. 277

Primary Registration District No. 6076

Registrar's No. 2024

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: #18 Warrick St.  
(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 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. #18 Warrick Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas H. Benton

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Unavailable 1867  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>Abt. 81</u>			hr. min.

9. Birthplace Booneville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business --

12. Name Unavailable

13. Birthplace " " " 9  
(City, town, or county) (State or foreign country)

14. Maiden name " " "

15. Birthplace " " " 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Powell

(b) Address #18 Warrick Ave.

17. (a) Burial (b) Date thereof 8/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

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

(b) Address 4107 Finney Ave.

19. (a) 8-26-48 (b) Cecil A. Z. Sharp M.D.  
(Data received local registrar) (Registrar's signature) (M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd  
year 1948 hour 12:50 minute A.M. M.

21. I hereby certify that I attended the deceased from 8-20-48  
8-21-48 to 8-21-48 1948.

that I last saw him alive on 8-20-48 1948  
and that death occurred on the day and hour stated above.

Immediate cause of death Intermittent nephritis Duration Several  
years

Due to Insufficiencies of eye

Due to 131W

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

Major findings:  
Of operations --

Of autopsy --

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? --

While at work? -- (Specify type of place) (e) Means of injury --

23. Signature J. S. Dowseyn (M.D. or other)

Address 25 Carson Rd S. Kinloch Mo Date signed --

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

MOTHER, FATHER

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**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.....

John K. Cunningham....., Registered Apprentice No.....

working under my personal supervision.

Signed John K. Cunningham.....

Licensed Embalmer No. 4476.....

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.**