

S. No. 300
DM-10-47
Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41272
Registrar's No. 11295

Registration District No. 310

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME Effie Benford
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased March 3, 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 22
If less than one day hr. min.

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

10. Usual occupation housework

11. Industry or business

MOTHER FATHER
12. Name John Liventon
13. Birthplace Huntville, Alb.
(City, town, or county) (State or foreign country)
14. Maiden name Effie ?
15. Birthplace Huntville, Alb.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Benford
(b) Address 3532 Lawton Bl.

17. (a) Burial (b) Date thereof Dec. 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dementa & Son
(b) Address 2629-31 Cole Street

19. (a) DEC 29 1948 (b) J. B. Baister
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County W
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3532 Lawton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1948 hour 2 minute 55 p. m.

21. I hereby certify that I attended the deceased from 12-20 to 12-25, 1948,
that I last saw h. er alive on Dec. 25, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis; Duration
Arteriosclerotic Heart Disease; Undet.

Due to 73
Due to

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None
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) Means of injury
23. Signature Geo. P. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 12/27/48

Handwritten mark

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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.