

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town PINE LAWN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3709 MANOLA 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
In this community 47 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town PINE LAWN
(If outside city or town limits, write "RURAL")
(d) Street No. 6221 DOWLER
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME JOHN BENSON, SR
3. (b) If veteran, name war _____
3. (c) Social Security No. 494-07-0894

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife ANNIE BENSON
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased MAY-26-1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 4
If less than one day hr. _____ min. _____

9. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)
10. Usual occupation BLACKSMITH

11. Industry or business _____
12. Name JOHN BENSON 4
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
14. Maiden name ANNA MURRY
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie Benson
(b) Address 6221 Dowler
17. (a) BURIAL (b) Date thereof: 12-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director L. B. Turner
(b) Address 6107 1/2 General Bridge
19. (a) 12-2-48 (b) Thurmond
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV day 30
year 1948 hour 3 minutes 50 P M
21. I hereby certify that I attended the deceased from 10/13/48
_____, 19____ to 11/8/48, 19____
that I last saw him alive on 11/30/48, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma
Due to Cardio-Vascular-Renal disease
Due to Dementia 13/48
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy NO

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)
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 Sub. B. Turnworth (M. D. or other) _____
Address 3734 Jennings St Date signed 12/1/48

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

MOTHER FATHER

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~~ by Myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed Elton H. Remelius

Licensed Embalmer No. 4283

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.