

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31599**
8423

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3825a St. Louis Ave.				d. STREET ADDRESS (If rural, give location) 10 3825a St. Louis Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) M.		c. (Last) Benson		4. DATE OF DEATH (Month) (Day) (Year) Sept. 29 49			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 22, 1853			
9. AGE (In years last birthday) 96		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman			10b. KIND OF BUSINESS OR INDUSTRY Stove Factory		11. BIRTHPLACE (State or foreign country) New Orleans, La. /		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME George Benson			13b. MOTHER'S MAIDEN NAME Julia Harrington			14. NAME OF HUSBAND OR WIFE Catherine Barry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If you give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME Nellie O'Donnell				ADDRESS 3825a St. Louis Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		ANTECEDENT CAUSES					3 days		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					3 days		
		DUE TO (b) Coronary Occlusion					4/20		
		DUE TO (c) Gen. arteriosclerosis							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) St. Louis, Mo		(STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500					
22. I hereby certify that I attended the deceased from 9/27 , 19 49 , to 9/29 , 19 49 , that I last saw the deceased alive on 9/28 , 19 49 , and that death occurred at 2.15A m. , from the causes and on the date stated above.									
23a. SIGNATURE R. A. Meyera				23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 9/29/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-1-1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL SEP 30 1949		REGISTRAR'S SIGNATURE J. B. Luster		FEDERAL DIRECTOR'S SIGNATURE Cullinane Bros. ADDRESS 3320 N. Kingshighway					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Fred Truck

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.