

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14353  
318 1003 Registrar's No. 3832

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3832			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4931 Pershing Ave.				d. STREET ADDRESS (If rural, give location) IV 4931 Pershing Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) A. c. (Last) Benoist			4. DATE OF DEATH (Month) (Day) (Year) 4-26-50						
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 7, 1866		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 48 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? 0		
13a. FATHER'S NAME Louis A. Benoist			13b. MOTHER'S MAIDEN NAME Unknown Wilson			14. NAME OF HUSBAND OR WIFE Agnes Benoist			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Agnes Benoist 4931 Pershing Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma prostate INTERVAL BETWEEN ONSET AND DEATH 5 years					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chron prostatitis 7 years					
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chron myocardial weakness with Coronary sclerosis				3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suprapubic prostatectomy in Jan 45						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) (STATE)		177X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Feb 10, 1892, to April 26, 1950, that I last saw the deceased alive on April 26, 1950, and that death occurred at 4:50 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Louis F. Fisher				(Degree or title) M.D.		23b. ADDRESS 3720 Washington		23c. DATE SIGNED April 26 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-28-50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. APR 26 1950		REGISTRAR'S SIGNATURE Arthur J. Donnelly			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3840 Randall Blvd				

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

NOV 20 1950

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *W. VanMatre*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

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.